Diversity in ACTION

A Toolkit for Residential Settings for Seniors

Ontario

A Partnership Initiative Supported by the Government of Ontario, 2008.

Diversity In Action:

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This toolkit concept originated from a 2007 report prepared by Concerned Friends of Ontario Citizens in Care Facilities entitled, *Creating Welcoming Communities in Long-Term Care Homes*. You can download the full report by visiting www.concernedfriends.ca. The Ontario Seniors' Secretariat supported the creation of this toolkit and the establishment of a steering committee to guide its development.

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The project team gratefully acknowledges the contributions of the many residents, families and volunteers, staff, and managers who so willingly shared their ideas and experiences with the project team via focus groups, key informant interviews, or by sharing written practices and tools. To see the list of organizations that participated in the development of this toolkit, please refer to Part 3: Resources, in the List of Contributors.

The ideas and practices presented in this toolkit demonstrate the commitment and capacity to create welcoming communities for diverse populations within Ontario's long-term care homes, retirement homes, and supportive housing settings for seniors.

Disclaimer

The ideas and information presented in this toolkit are designed to be flexible, based on the individual needs and circumstances of the people and residences that put these ideas into practice. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Province of Ontario give any guarantee as to the accuracy of the information contained in them nor accept any liability with respect to loss, damage, injury, or expense arising from any such errors or omissions in the contents of this work. The views expressed in the materials are the views of the authors and do not necessarily reflect those of the Province of Ontario.

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Glossary of Key Terms

Culture: consists of the behaviours, ways of life, values and beliefs, arts and institutions of a population that can be passed down from generation to generation.

Cultural Awareness: is being aware of one's own background and cultural perspective while acknowledging the differences in other people's cultural backgrounds and perspectives.

Cultural Competence: is a set of behaviours, attitudes and policies that enable the people in an organization to work effectively in cross-cultural situations.

Culturally Competent Care: is care that focuses on each individual and takes into consideration his or her preferences, cultural values and beliefs.

Diversity: means differences among individuals or groups.

Heritage: is broadly understood as the natural and cultural inheritance of an individual or community.

Inclusiveness: refers to individual and organizational approach to consciously view everyone as an equal and include them, either individually or as a group, in discussions about issues, hear their experiences and recommendations, and offer participation in decision-making as appropriate.

Resident/Tenant: refers to the person living in a congregate or residential setting. The term used to describe the individual who lives in the dwelling can vary according to the setting itself (e.g. apartment housing, group residence, congregate care setting, etc.) and the applicable legislation.

Please note: to simplify the language in the toolkit, the term *resident* is used to apply to either a resident or tenant.

Diversity In Action:

Introduction

- **Have you wanted to help a resident (or your family member) living in a seniors' residence, but found your actions misunderstood?**
- **Have you experienced the feeling of not being understood by a co-worker or another resident, due to your language and cultural background?**

Is the demographic makeup of your staff and resident population changing? *Diversity in Action* can help you learn how to understand, respond effectively and with respect. It helps you to ask questions, find answers, and saves you time — all in one place.

Long-term care homes, retirement homes, supportive housing and other seniors' residences are experiencing the challenges — and rewards — of increasingly diverse resident (or tenant) populations and workforces. But how can organizations ensure that their policies, practices and environment support and reflect this change?

Cultural competence is a set of behaviours, attitudes, and policies that enable the people in an organization to work effectively in cross-cultural situations.

(Adapted from Cross 1989; Isaacs & Benjamin, 1991).

What Is the Purpose of This Toolkit?

Diversity in Action is unique. It was designed to respond to the comments and requests for support coming from staff, residents and families within residential settings for seniors, who want to learn about and put into action, strategies that welcome diversity within their settings and enable *"cultural competence"*.

Who Can Use This Toolkit?

Anyone in a long-term care home, retirement home, supportive housing or other residential setting for seniors in Ontario is likely to find aspects of the Toolkit useful.

- *Residents, Families, Residents' Councils, Family Councils, Tenant Associations, and Volunteers* will find the stories and tools helpful for understanding the similarities in each other and managing the differences.

- *All staff* (direct care providers, dietary, housekeeping, maintenance, administration, programs in supportive housing and retirement homes) – information and ideas for providing care, services and surroundings with attention to the individual's cultural preferences, beliefs and value system.

- *Staff educators* will also find ideas for planning staff training initiatives. (See Part 2 – Care and Service Delivery and Part 3 Resources).

- *Governing Bodies and Senior Management* – assistance and support for organizational development and implementing their commitment to diversity and inclusiveness. (See Part 1 – Organization).

Some of the ideas in this toolkit may also be helpful to *culturally oriented and community-based service agencies* that are interested in partnering with residential settings to enhance the delivery of culturally appropriate care and services.

It will show how actions can make a difference at both the individual and organizational levels, building on some of the successes already experienced in a number of homes for seniors. Taking action on the ideas found here will make the lives of residents, families, staff and volunteers more satisfying and help you avoid or resolve issues caused by misunderstandings.

How to use this Toolkit?

The Toolkit is designed to be user-friendly. It consists of three parts: 1) Organizational Change, 2) Care and Service Delivery and 3) Resources, which is divided into sections by type of material: tools/tips/samples, stories, recipes, religions and spiritual practices, countries and cultures, and references. In using the toolkit, there are many options: you can look at the resources part first and find the tools or stories you want to read first. Or you can read the first 2 parts, and then refer to Part 3: Resources. Or, you can leaf through all 3 parts at once!

You will find ideas in this toolkit that are user-friendly, quick-to-use. It was developed to:

- Provide information that people in the sector are seeking in order to understand how to support diversity in their residences and in the care they deliver.
- Provide information about different cultural preferences regarding communication, behaviour, end-of-life, and foods.
- Offer materials that can be used for training purposes.
- Provide plenty of support, and tools, tips and samples of practices.

How Was the Toolkit Developed?

Diversity in Action is a provincial partnership initiative, supported by the Province of Ontario and guided by a diverse provincial steering committee. The partnership was created in response to the recommendations of *Creating Welcoming Communities in Long-Term Care Homes*, a report completed in 2007 by Concerned Friends of Ontario Citizens in Care Facilities. The report identified the need for changes in how services were organized, delivered and managed in order to offer more welcoming environments for residents, families, volunteers and staff of any cultural background.

A project team carried out the toolkit development process, guided by the steering committee. Over 150 people from across the province participated directly in its development via key informant interviews and focus groups, and input from these individuals, combined with the findings from a comprehensive literature review, formed the basis for the ideas and suggestions presented in this toolkit.

Throughout the text, there are tips, stories and questions, as well as references to tools in the Resources section for thinking and action. The reference section also provides a list of key articles and websites that may be useful.

NOTE:
The word **"resident"** is used throughout the toolkit to mean any person who resides in a long-term-care home, retirement home, supportive housing or any other congregate residential setting for seniors.

Why Consider Diversity and Inclusiveness?

Some may say, "Why the fuss about cultures? We don't have an issue. We treat everybody the same." But it is a fact that we are *not* the same — each of us comes from a culture that can affect our values, beliefs, customs and ways of communicating. Each of us also has different life experiences, goals and challenges that affect our views and behaviours.

Every day, we deal with many cultures: our own culture, a resident's culture, staff and volunteers from different cultures or sub-cultures. A role or profession may even have a culture of its own, defining how certain things are done. Organizations also create cultures, with norms, expectations and behaviours.

Cultures are learned, dynamic and evolving; they can have an impact on every aspect of an individual's life, including the following:

- Sense of self.
- Style of communication.
- Food choices.
- Concept of time.
- Personal boundaries: e.g. physical contact and personal space.
- Way of dealing with conflict.
- Self in relation to group, community and social environment.
- Expectations from self, life and others
- Relationship with nature.
- Way of viewing and approaching illnesses and wellness.
- Spiritual beliefs about the end-of-life and death.

This toolkit highlights the value of understanding ourselves and our organizations, and seeing the impact culture can have on everyday life and work in residential settings for seniors.

Steps Toward Diversity in Action

Awareness – Sometimes, we are not aware of our own culture; we simply think and do things certain ways. However, when we meet people from other cultures, we realize that there are different ways of doing things.

Think of a handshake. It seems like a simple gesture — or is it? If you are a person from Finland, your handshake is firm, expressing your focus on the other person. But for a person from the Middle East, a firm handshake is perceived as aggressive. Or, in some cultures, cross-gender handshakes are not appropriate. Without realizing it, it is possible to act with the best of intentions but create misunderstandings and therefore a less-than-ideal outcome. Nevertheless, cultures can also have quite a lot in common. By building an understanding of another person's culture, we can enhance our connectedness and build relationships.

> To achieve cultural competence one must have an attitude of *empathy* for others, and openness to *feeling* what the other feels; an attitude of *curiosity*, a willingness to ask questions in order to better understand; and an attitude of basic *respect* for self and others, an acknowledgement of the intrinsic value of all humans.
>
> (Carrillo, Green & Betancourt, 1999) – Presentation by Michele Jordan

Understanding – Gaps in cultural understanding can be bridged, but it takes commitment and effort based on respect. We are each grounded in our own cultural history, which has provided us with norms for right and wrong, rules for behaviour and lenses through which we see the world. It may explain our gut reaction to situations in which we feel a person from a different culture is being "difficult" or doing something "wrong," when in fact his/her action is quite appropriate — in his/her own culture.

Cultural competence – Achieving the goal of a welcoming environment in which to live and work is about acquiring knowledge, developing a new outlook and then acting upon it. The process begins with self-reflection which leads to a heightened awareness at both individual and organizational levels. Such awareness leads to an openess and reduces fear of the unknown. It also creates the capacity to look at our own habits, practices and policies, and adapt our behaviour, the way we offer and receive services, and our organizational cultures and service outcomes.

Summary

This toolkit can be used to cultivate curiosity, acquire knowledge and transform individual and organizational practices at many levels. It can enable you to take your next steps toward putting diversity into action.

Diversity In Action:
PART 1

Organizational Change

IN BRIEF

This part explores ways of initiating and managing organizational change:

- Defining organizational culture.
- The process of organizational change.
- Getting started.
- Key elements of organizational inclusiveness:
  - Governance and senior management.
  - Outreach and partnerships.
  - Communication and consultation.
  - Policies and structures.
  - Human resources.

Defining Organizational Culture

Organizational culture in the context of residential settings for seniors is defined by how people (public, potential residents, families, guests) are welcomed and treated, who is hired and promoted, how staff are treated and treat each other, how care is delivered and expectations of all parties. The culture of an organization continually changes over time, through a blending of the current culture with elements of the various new cultures. At present, many residential organizations are experiencing rapid change as they welcome residents and staff from a wide range of backgrounds.

Expressions of organizational culture

Individual and collective

The cultural backgrounds of individuals (residents, staff, volunteers), the collective culture in a particular unit of a home, and the membership of the Residents' Council/Tenants' Association can affect the culture of the organization.

Professional

The professional cultures of the staff at any seniors' residential setting also affect the organizational culture. For example, each profession may have its own culture and "rules" that determine its approach to service delivery.

Staff behaviour

A culture can also be expressed by the behaviour of staff. It can be affected by orientation and training, working conditions, or traditions or ways of doing things that are passed from one staff member to another.

Leadership

The leadership of organizations express culture through strategic plans, organizational structures, policies, openness to feedback and performance measures, and allocation of resources to facilitate the achievement of specific goals and objectives.

The organizational garden

The process of building a welcoming and culturally competent organization is similar to that of growing a garden. It involves action on several levels, such as preparing the ground, planting the seeds, nurturing young growth, and working slowly but steadily to keep the garden growing.

Each flower — each individual — is important and different, with many salient features that distinguish it from the others; the richness of the garden is found in the various types of flowers that grow, and how they interact with one another.

The stems supporting the blossom represent the organizational level: staff, volunteers, Residents' Councils, Family Councils, human resources practices. The roots represent the less visible supports including the commitment of leadership and staff, policies and other efforts by managers or governing bodies. As for the blossom of the flower, it represents the visible parts of each individual's personhood and culture — dress, food, customs and practices and behaviours.

The Process of Organizational Change

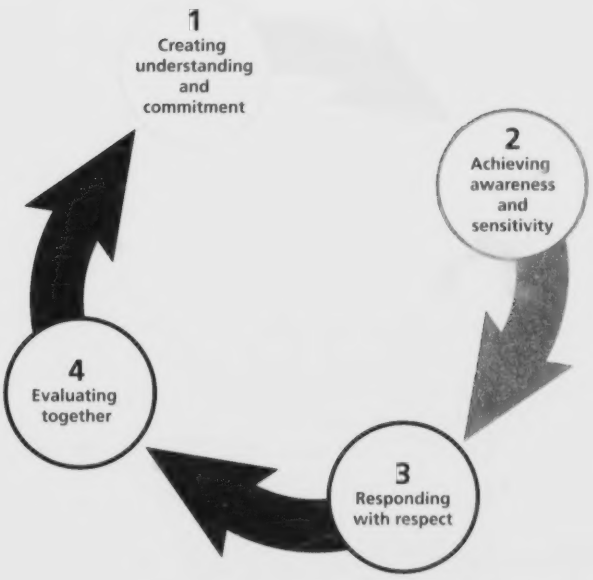
Change as a developmental process

Because organizations have cultures of their own, bringing more diversity into the fabric of an organization is a dynamic, interactive and ongoing process. This process starts with heightened awareness and information and is fully actualized when practices promoting inclusiveness and diversity are integrated into the organization's daily operations. The process can be started at any time and can build on what is already being done. It can occur at many levels of an organization (e.g. governance and management, policy, staff, residents, Resident/Family Councils/Tenants' Associations).

The evolution toward integration and cultural competence is charted below.

Sensitivity and Awareness **Knowledge** **Practice** **Integration**

Progress toward diversity in action requires many approaches to improvement, including the following:



- **Creating understanding and commitment** — awareness of the need for change, knowledge of what needs to be done and the will to change.
- **Achieving awareness and sensitivity** — developing practices and implementing policies that promote diversity and inclusiveness.
- **Responding with respect** — integration of new practices and the manner in which those practices are applied.
- **Evaluating together** — review and follow-up on the results, using feedback to alter the plan if required.

Source: Presentation by Sandra Pitters, OANHSS Convention 2007.

For an example of the 4 steps put into practice, see Resources Section 1, Tool 2.

Turning an obstacle into a building block

Awareness-raising and action are the tools for turning obstacles into building blocks. Often, an obstacle (e.g. an issue or negative feedback) will prompt people to reflect, leading to increased awareness of the need for change. A single individual may see an obstacle, raise questions and prompt the organization to make a change, or the organization may decide to conduct a self-assessment to identify obstacles (see Resources Section 1, Tool 3). Think about your own organization. Where do you want to begin putting diversity into action?

Getting Started

To get started on putting diversity into action, organizations have done the following:

- ✓ Recognized changing demographics.
- ✓ Reached out to emerging populations and changed practices to better reflect the diversity of their resident population.
- ✓ Reached out to encourage diversity in the hiring process.
- ✓ Dedicated time to learn about the people and cultures they are seeking to welcome.
- ✓ Adapted their organizational systems, processes and physical environment to be more welcoming, supportive and familiar.

There are many examples of homes that have successfully made changes, including the following:

- A long-term care home in Toronto serves residents of many cultures. To promote culturally-appropriate care, they developed a successful cluster of rooms for one specific resident group. This has led to an increase in applications from that community, and plans are underway to create more clusters of rooms for residents from other cultures.
- A home in Hamilton has developed culturally sensitive services for Aboriginal people.
- A home in southern Ontario has set aside a section for residents from the Caribbean and hired staff from various countries in the Caribbean.
- Two homes in central-east Ontario have built an understanding of the cultural needs of the Tamil residents and families, making adaptations to the menu and providing a special space for spiritual practices.
- The workforce in a home in Northern Ontario changed, and many of the newly hired staff members were not able to speak the same language as the residents. The home began offering language classes over the lunch hour to its staff to bridge the language gap. Also, its staff orientation program and cultural sensitivity training include information about cultural preferences as expressed by residents and families.

The common element in these situations is that the organizations have invested time — looking out and looking in — and then adapted their practices and surroundings. Part 2, Care and Service Delivery, includes ideas and tips for inclusiveness and diversity in the provision of direct care.

Other starting points

Another way to start is to have governance and senior managers lead and model a commitment to diversity. Examples of such leadership and modelling include the following:

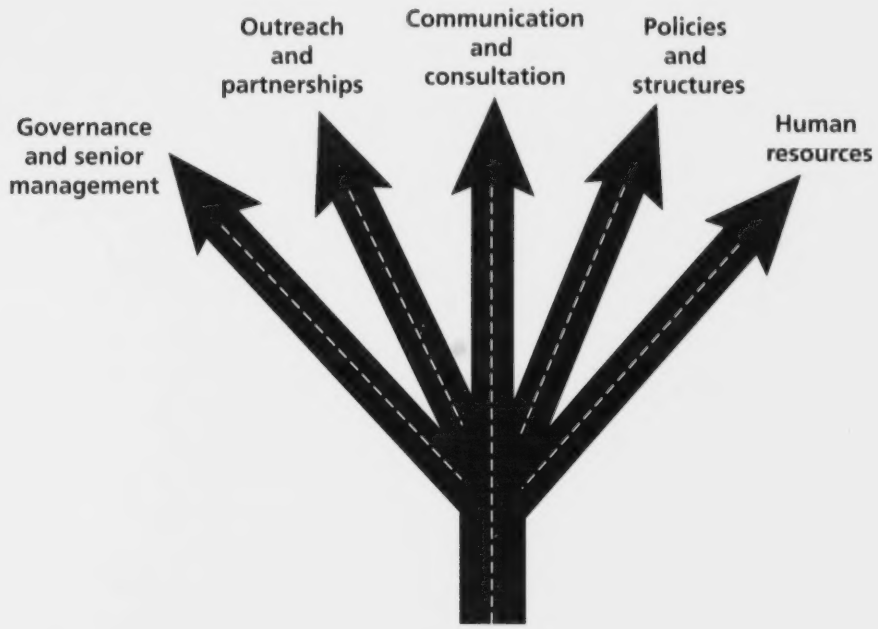
- ✓ Changing mission and/or vision statements, core values and strategic plans to include provision for diversity.
- ✓ Including diversity-related performance objectives for the CEO or executive director and other senior managers.
- ✓ Ensuring that senior managers demonstrate support for diversity and inclusiveness in their own behaviour.
- ✓ Ensuring that everyone in the organization understands the mission and vision.
- ✓ Establishing a diversity committee to support and facilitate changes within the organization.

Demonstrating commitment at the governance level creates a climate that directly affects the organizational culture.

Key Elements of Organizational Inclusiveness

An organization can make changes and put diversity into action in several ways:

- *Governance and senior management:* providing leadership for a culturally inclusive organization.
- *Outreach and partnerships:* building relationships with local and culturally-based community organizations.
- *Communication and consultation:* ensuring internal and external audiences are reached.
- *Policies and structures:* providing the less visible yet highly essential "reinforcements" that support the staff, volunteers and residents in their commitments to diversity and cross-cultural complaint or conflict resolution.
- *Human resources:* deploying the strategies for the recruitment, retention, training and promotion of diverse staff that represent the demographic characteristics of the residence and community.



> When you get to the fork in the road, take it!
>
> — Yogi Berra

Governance and senior management

- How committed to diversity is your leadership team (i.e. board of directors, administrator/CEO, senior level management, middle management)?
- How is the commitment of the governing body and senior management communicated to the residents, staff and community?
- Who is "responsible" for diversity in your organization?
- Is "ownership" of responsibility shared throughout the organization?
- Does your board include representatives from diverse cultures and perspectives?
- Are diversity goals and objectives included in your strategic plan? If so, how do you measure successful performance or achievement of these goals and objectives?

As emphasized earlier, the commitment to diversity of the governing body and senior management, both as individuals and a group, is critical for becoming an inclusive organization. This is true of ethno-specific homes as well, because the staff often have various cultural backgrounds. If this commitment is put into words and communicated to the public, residents, families, staff, volunteers and community organizations, it sets clear expectations for all parties. It also serves as a basis for measuring performance.

Strategies to consider

- ✓ Revise mission and/or vision statement, core values, philosophy statements. (See Resources Section 1, Sample 1).
- ✓ Undertake a strategic planning process to identify the goals, objectives and priority actions for diversity and inclusiveness. Then, start by conducting an audit or review of the organization, its strengths and weaknesses in relation to diversity. When the weaknesses are turned into goals or objectives, they become building blocks for moving forward. (See Resources Section 1, Tool 3).
- ✓ Establish organizational performance measures that relate to diversity. Collect and use data and feedback to measure your diversity actions (organizational trends, program practices, diversity of the resident population, employment practices, and the composition and satisfaction levels of residents and staff). The data can come in unexpected ways. Sometimes it is in the form of numbers and statistics you collect, other times it might be a "fly on the wall". (See story called "It Started With the Fruit Flies", on following page).
- ✓ Offer diversity awareness training for the board of directors to see things through a "new lens" when they are considering decisions, plans and fundraising activities.
- ✓ Establish a diverse board of directors and senior management composition to model diversity for the rest of the organization.
- ✓ Define the performance expectations of the board of directors and the CEO regarding diversity. Some ideas for wording the expectations can be found in the "outcome-oriented" language of the Cultural Competency Organizational Assessment Tool. (See Resources Section 1, Tool 3).
- ✓ Ensure the organization meets the expectations of the human rights legislation. This can involve ensuring that the organization has an employment equity plan. It can also involve reviewing current policies to ensure that employment and personnel policies are up-to-date related to current legislation on multiculturalism, racism, harassment and discrimination. (See Resources Section 1, Tool 4).

Sample philosophy statement:

"Our governing body and staff share the commitment to diversity and inclusiveness. We promote this approach with the residents, and cultivate alliances and partnerships with individuals within the organization and with individuals and organizations from diverse communities. This we do by creating trust, mutual respect, sharing knowledge and resources, and addressing differences."

Story: It Started With the Fruit Flies

Fruit flies were noticed in a part of the home where a number of residents from a specific culture were living. The home's "staff detectives" discovered that the fruit flies were coming from the foods that families brought for residents because they didn't like the traditional Canadian menu. Until the fruit flies arrived, nobody knew the residents were storing these foods.

Once the team of detectives understood the situation, with the support of management, staff from different departments worked with the residents, families and volunteers to come up with alternatives.

Now volunteers bring food to the dietary department, which prepares and serves it. To cover any additional costs, the volunteers have raised funds for a year's supply of culturally familiar foods. This, they hope, will give the home sufficient time to include the desired foods in its regular menu.

Outreach and partnerships

- How have you identified the demographics of your community?
- Is there a need to reach out to the community? How do you know?
- How many liaisons does your organization have with community groups?
- Do you know who to contact in cultural communities and how?
- How collaborative has your organization been with other organizations to develop culturally competent services?
- What has your organization offered to community groups recently? Have you hosted an event, shared your space or amenities, contributed to a local cause or advocated for a particular cause?
- What partnerships are in place with other community organizations?
- How many volunteers do you have from various cultural and religious groups? Do these numbers match up with the resident population?

By reaching out and partnering with community volunteers, the organization is *"bringing the outside in"* for an exchange of ideas and support that will benefit everyone. Volunteers contribute valuable time and expertise and can be an inspiration for others. They provide a community connection and can also take a leadership role in creating new approaches in an organization. (See Resources Section 1, Tip 6).

Strategies to consider

✓ Provide social interaction with the residents and help to maintain a connection with their culture and community.

✓ Provide education, insights and exchange of ideas for all levels of staff about the culture and language of the individuals. (See story "Volunteer Sheds New Light on a Resident").

- ✓ Provide ideas for relevant programs, suitable menus and informal translation services if appropriate.
- ✓ Help organize or financially support activities such as food/menu options, or recreational options. (See Resources Section 1, Tool 2).
- ✓ Help organize and host cultural events and entertainment activities. (See Story "Celebrating Diversity," below).
- ✓ Fundraise for special items that improve the quality of life of residents. (See Story "Volunteers bringing the outside in," on following page).
- ✓ Provide familiar materials for residents, such as books and videos.
- ✓ Mentor and inspire new volunteers from other cultures.
- ✓ Lead (recruit volunteers, initiate projects within the home), rather than responding to requests.
- ✓ Lend a hand with activities or programs for individuals of a specific culture.

Story: Volunteer Sheds New Light on a Resident

One day, a staff member was nearby when a resident was interacting for the first time with a volunteer from the same culture. The resident was animated and clearly engaged in the conversation. That staff member had always wondered why the resident was unresponsive and when the resident was given the opportunity to converse in his own language, it became obvious! The staff member had misunderstood the resident's situation.

Story: Celebrating Diversity

The Quality Council of a home chose "Celebrating Diversity" as the theme for its annual customer service week a few years ago. Working with volunteers from each of the cultural communities identified, the staff helped develop the program and set up displays that included artifacts and food. Staff and volunteers confirmed the accuracy of information related to the various cultures. Most participants wore their national costume.

Several activities were held throughout the week, and the culmination was an event in the auditorium: people were given passports to visit displays of the five prominent cultures in the home with the goal of learning and winning a prize. Prizes, in keeping with the cultural theme, were drawn from completed passports and word-find puzzles.

The result of the event was an increase in understanding, respect and sensitivity to cultural diversity among staff and residents. This event, in addition to some others, laid the groundwork for increasing knowledge, integrating culturally appropriate practices and creating a welcoming environment for all cultures.

Story: Volunteers Bringing the Outside In

Seniors from one residence were unable to get transportation to attend religious services in the community. The organization became aware of the issue and established a working group of seniors, staff and volunteers, which discussed the issue with one particular church group. Together they had a brilliant idea: electronic transmission of local services. The beauty of this, they realized, was that they were not limited to one religion only, but could offer the same for each religious group in the home. They fundraised for, purchased, and installed a telecommunications system for transmitting local religious services to individual apartments and rooms through microwave frequencies. The seniors can now watch a religious service in their own language and style of worship. Local religious organizations provide someone to operate the equipment. The project has expanded to include broadcasts of special events, allowing residents to share times of grief and joy as well.

Communication and Consultation

- How does your organization communicate its commitment to diversity (both internally and externally)?
- How does your organization use communication, consultation and community relations activities to promote diversity?
- Does your organization adapt your methods of communicating to meet the needs of different groups? For example, do you select topics of interest to different groups?
- What is your organization's style of communicating?
- Do you have a policy and financial resources to cover the cost of professional translation and interpretation services?
- Do you have training initiatives to support staff with improving their communication skills?

Communicating about your organization's commitment to diversity and sharing successes and stories with volunteers or community groups can produce great rewards and unique opportunities. This is one way an organization can "reach out" and share information about the residence with the community.

Strategies to consider

- ✓ Ensure that important educational materials are made culturally appropriate and translated into relevant languages. By providing information in different languages and adapting how it is disseminated to reach particular cultural groups, the organization signals its openness to these groups.
  - Have the materials checked by a person familiar with the culture and language and who also understands the topic.
  - Monitor the impact of translated materials; seek input from cultural and linguistic users.
  - Disseminate translated materials in partnership with cultural organizations.
  - Use pictographics and other visual tools to help communicate common terms in another language.
- ✓ Make a commitment to seeking and receiving input from staff, residents, families and volunteers who represent the linguistic, cultural and religious diversity in the home. The outcome of this input and consultation will be a stronger sense of inclusiveness, ownership and responsibility by all.
- ✓ Train staff in respectful communication and styles of communicating. To offer this type of training, funds and staff time need to be set aside to participate. Both senior managers and staff can benefit from this training (Resources Section 1, Tip 8).
- ✓ Encourage staff to speak the languages of residents. For example, staff learning words and phrases from other languages helps reach out and show respect for residents who do not speak English as their first language. Offering English as a Second Language classes over the lunch hour or after hours for staff and residents expresses the organization's support and understanding of the need for this kind of training. When volunteers help deliver these classes, there is the added benefit of forming closer relationships. (See Resources Section 1, Tool 21).
- ✓ Ensure the availability of professional interpreters for certain situations. For guidelines and tips on using interpreters see Resources Section 1, Tip 9.
- ✓ Consider using a survey to help determine the interest level among staff and/or volunteers. (See Resources Section 1, Tool 10).
- ✓ Create formal recognition practices and awards for diversity and inclusion practices (e.g. staff and volunteers).
- ✓ Encourage the exploration of and dissemination of information about the benefits of engaging diversity.
- ✓ Organize activities that celebrate the enjoyment of inter-cultural exchange.

Story: Professional Interpreters Are Important

Two women who shared a room in a long-term-care home had moderate cognitive impairment. One resident was European and spoke no English; the other was West Indian. Both women came to Canada in later life to be close to family.

Staff observed that the European resident was not happy to be sharing her room with anyone, and her family frequently complained about the roommate as well. The West Indian resident was quiet and pleasant. Because of the European resident's decreased cognitive function, it was not clear whether it was sharing a room or the roommate that she was unhappy with. The situation escalated, and the European resident began to verbally attack her roommate on the basis of her race and cultural background.

On one occasion she demonstrated unprovoked physical aggression toward her. While the staff understood that these behaviours were in part related to the resident's decreased cognitive function, the home had a policy of zero tolerance for verbal or physical abuse or aggression.

A conference was scheduled with the family of the European resident, to make them aware of the problem and the risk that was posed to the other resident. During this conference, the European resident's granddaughter acted as interpreter. Everyone in the family denied the claims of aggression toward the roommate; the family believed the resident would never behave in such a way, and the family saw no connection between the incident and their complaints about the cultural background of the roommate. Further investigation revealed that during this conference the granddaughter was not conveying to staff the accurate information about what her grandmother or parents had to say, as she was aware of the racial remarks, but instead was feeling the need to defend and protect her family — particularly her grandmother.

Another conference was planned with the participation of a professional interpreter and staff skilled in conflict resolution. The home's policy relating to zero tolerance for any form of abuse was addressed, a plan was developed that involved a schedule of visits by family members and an expectation of how they would interact with staff, the roommate and other residents. A new understanding and agreement was reached, and a new service agreement was reached and signed.

This situation led the home to develop a new practice to prevent similar challenges in the future between roommates or families: on admission and at the annual care conference of a resident who does not speak English, a professional interpreter is present. The home's approach to abuse and human rights is explained verbally to residents and families as part of the initial meeting and must be signed. Residents and families are aware of their responsibilities, and this has impacted how they interact with staff and other residents.

Why use interpreters?

Language is a major part of communication and can be a power equalizer in a relationship. If a resident does not speak English or speaks very little, he or she may feel helpless and unnecessarily dependent. Also, it may put caregiving at risk, as the resident may not be able to communicate his/her needs or discomfort when it comes to legal matters, important decisions related to treatment and personal care.

Who should interpret?

Professional interpreters should be used as required. As this resource may not always be accessible for reasons of availability and cost, staff members are the next-best choice. However, they have a full workload, which should be taken into consideration if they are routinely used for interpreting. Also, depending on their position in the organization, they may not be familiar with the issues at hand. Staff should be provided with the basic skills training for interpreting. A staff survey may help determine interest level among staff and/or volunteers. (See Resources Section 1, Tool 10).

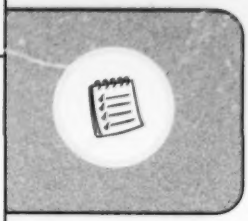
Family members as interpreters

Family members are truly valuable when speaking on behalf of the resident regarding day to day needs and interests (e.g., "My mom says she needs to go to the bathroom," or "My dad tells me he would like to go to the sing-along program").

However, when interpretation of a conversation between the resident and another person involves providing information, making decisions or negotiations, it is important to access a skilled and suitable person to translate.

There are specific occasions when it is in the best interest of the resident, and risks for the caregivers and the resident are reduced by involving professional interpreters who are professionally trained and familiar with health care terminology or legal terminology. One such occasion is when decisions have legal implications (e.g. signing admission or lease agreements, consenting to a care plan). Another is when there is a conflict involving the resident.

TIP – Involving Interpreters



- ✓ Arrange professional interpreters as required for legal matters or situations where there is conflict.
- ✓ Ensure the person interpreting knows the relevant clinical terminology and particular dialect of the resident in order to prevent potential misunderstandings.
- ✓ Plan in advance when staff are to act as interpreters.
- ✓ Plan in advance when volunteers are to act as interpreters.
- ✓ Provide some basic training for staff and volunteers if they are to interpret.
- ✓ Ensure staff are not feeling obligated to help with someone from their own culture in a manner that leads to time constraints and workload pressures as a result of providing that help. For more information see Resources Section 1, Tip 9.
- ✓ Ensure volunteers have easy/timely access to staff support (and competence training) for issues resolution.
- ✓ Ensure gender sensitivities are explored when organizing volunteer interpreters.
- ✓ Ensure that the resident is comfortable discussing particular topics and care issues in the presence of the family member who is interpreting.
- ✓ Be sensitive to particular topics that should be avoided when family members are interpreting such as those with potential for conflict.
- ✓ Ensure family and volunteers acting as interpreters are objective and do not become socially or emotionally involved with the resident and the topic being discussed.

Policies and structures

- Does your organization have policies and structures that promote diversity within care and service delivery?
- Do the staff members know about the relevant diversity policies, where they can find them, and how to put them into practice?
- Does the organization have supporting structures that bring together people in diverse roles and cultures for planning and decision making?
- Are there mentors and facilitators in the organization that can champion and support others in becoming more culturally aware and competent?

- Does the organization have policies and supporting structures for multiculturalism, anti-racism, complaints and conflict resolution?

Policies provide a road map for an organization's operations, codes of conduct, routine practices, and so on. They can also be an instrument of change by reflecting the development of diversity-building practices.

Diversity policies should be firm, clear and guiding, with no room for individual interpretation. They communicate expectations; the organization provides resources and supports for implementation.

The commitment to diversity can be supported by bringing together expertise, accountability and mechanisms for planning actions (including training, conflict resolution and communications initiatives).

With the help of mentors or champions, staff and residents can learn how to respectfully communicate, build understanding and take actions that lead to positive outcomes and avoid cultural misunderstandings.

Strategies to consider

✓ Review existing policies to determine whether they are current and what the gaps are in relation to diversity and inclusiveness. Use the results of the organizational self assessment to choose a focus (specific topics requiring updated or new policies; policies that are no longer relevant).

✓ Consult with others about draft policies (e.g. resident council/tenants association, volunteer committee, diversity committee, family council, staff and management committees).

✓ Finalize and provide orientation on revised policies and practices (e.g. provide training sessions and ensure that new policies are readily available for staff and residents to see).

✓ Revise procedures or practice documents to match new or revised policies.

An organization that acknowledges and affirms the diversity of its workforce is not only more productive, but also retains the best and brightest.
(McNaught, 1993)

Structures and roles to consider

✓ An advisory committee for diversity can be effective for the inclusion of diverse perspectives on issues, planning and draft policies or procedures. A committee structure can also provide a place or mechanism for data collection, information sharing, identifying common problems and a neutral setting for hands-on problem solving or conflict resolution. (See Resources, Section 2: Stories, The Benefits of a Diversity Committee).

✓ Diversity champions are individuals who actively support and empower staff, residents or volunteers in cross-cultural situations. They may participate and facilitate community consultations, internal staff training, or inter-cultural conflict resolution. These individuals are respectful and persuasive communicators who can mentor and inspire others (individuals or teams) by their willingness to share knowledge, and facilitate understanding among various parties. (See Resources, Section 2: Stories, The Diversity Champion).

Human resources

- Does the organization have a policy that affirms the diversity of its workforce? Are staff members aware of this policy?
- How do performance evaluations, promotion decisions and compensation decisions reflect a commitment to diversity and inclusiveness-affirming behaviour?
- Has the organization examined the match between the cultural diversity of the staff and volunteers in relation to the community demographics?
- To what extent have staff participated in formal diversity or cross-cultural communication training?
- Is diversity awareness and cultural competence a standard part of employee orientation and the ongoing training and staff development?

> "Hire an open attitude, train for the job".
>
> — Manager of Human Resources

Creating a workplace that provides an inclusive environment for all types of staff involves recognizing and valuing the diverse skills, cultural perspectives and backgrounds of individuals. The goal is to create a healthy and diverse workplace that is reflective of the demographics, cultures and languages of the current (and emerging) residents of the home.

Demonstrating an organization's human resources commitment to diversity can be complex and involve a number of parties (e.g. management, unions, professional groups and non-professional employees). The engagement of these parties in achieving an inclusive environment is essential – they can lead, facilitate and affirm diversity improvements organization, and they play a key role in preventing, recognizing and addressing cultural conflicts in a respectful and thoughtful manner.

Communication skills and approaches of management and staff are essential for building cultural understanding. A lack of these skills may lead to misunderstandings and incorrect assumptions, as well as increased tensions between individuals and groups. Ongoing training in cultural communication styles is a key part of the continuing learning of managers and staff.

It is vital that organizations seek to continually improve their capacity to recognize and value diverse skills, cultural perspectives, and various work styles and thus ensure high-quality service for residents, and supportive staff-to-staff interactions.

> An investment in knowledge always pays the best interest.
>
> — Benjamin Franklin

Strategies to consider

- ✓ Have effective human resource policies, structures and roles in place for input as described in the previous pages.
- ✓ Analyze data on the cultural makeup of the staff and the surrounding community to identify "who is missing" and plan for a workforce that is more reflective of diverse cultures. (See Resources Section 1, Tool 12).
- ✓ Analyze the barriers to achieving diversity in recruitment, promotion and retention and develop a plan for addressing these barriers. For example:
  - Adapt job descriptions to reflect diversity policies and organizational statements (e.g. mission, vision, values) and highlight the aspects of the job or role that involve communication, cultural sensitivity, awareness and practices with diverse groups. This sets the tone and expectation of staff regarding how they carry out their work and the desired attitudes and behaviours.
  - Reach out via your hiring practices if it becomes clear from the data collection that there are specific cultures you need to reach. For example, one organization advertised in appropriate media (cultural newspapers, church newsletters) and social clubs for staff with the needed languages and origin/familiarity with particular cultures. This worked out very well. (See Resources Section 1, Tip 13).
- ✓ Create a culturally sensitive interview process. (See Resources Section 1, Tip 14).
- ✓ Provide adequate resources to strengthen orientation and ongoing training. This is a key to putting diversity in action.
  - Training topics may range from awareness-raising to communication and language skills.
  - Including volunteers in the design and delivery of this training can also be a means of bridging understanding and experiences.
  - Training and educational strategies should be tailored to the preferred learning styles and behaviours of employees or employee groups.
  - Evaluating the training strategies will assist in planning new training initiatives.

- ✓ Ensure performance evaluations include the individual's approach and activities and inclusiveness in accordance with any references to these expectations within the performance contract or job description, along with the organization's philosophy statement and written policies.
- ✓ Make effective use of complaints and conflict resolution processes by recognizing the value of the feedback as a change agent. Sometimes, conflicts or complaints can be a result of cultural or religious differences and misunderstandings. The trends in conflicts and complaints can be important data to use in the planning of the organization's efforts for improving its performance. (See Resources Section 1, Tip 22).
- ✓ Use staff exit interviews for feedback on the organization's cultural inclusiveness as a workplace. The findings from these interviews can be analyzed and shared with the diversity committee and senior managers to inform their actions and improvements.

> You must be the change you want to see in the world.
>
> — Mahatma Gandhi

Summary

As you can see, there are many ways that obstacles can be turned into building blocks, by anyone in the organization and at any stage of the evolution toward cultural competence. The process begins with raising our individual or collective awareness and moves to learning about and understanding others, and, finally, to integrating the inclusiveness of diversity throughout the organization.

Part 2 of this toolkit will highlight the many ways that individual staff members, staff teams and volunteers can work with the residents and each other to move forward toward cultural competence. It is through such partnerships that care and services are enhanced, as the cultural needs of residents, their families, staff and volunteers are understood and acted upon.

Diversity In Action:
PART 2

Care and Service Delivery

IN BRIEF

This part explores ways of creating diversity in action with respect to care and service delivery:

- Balancing individual and group needs.
- Understanding the individual: similarities and differences.
- The individual and organizational culture:
  - Common scenarios and challenges
  - Environment
- Key elements of care and service delivery:
  - Care delivery
  - Programs and activities
  - Religious/spiritual care
  - Food
  - End-of-life
  - Communication

Balancing Individual and Group Needs

Seniors' residential settings are designed to address the needs of groups (group dining, group programming etc.), yet the goal is to provide individualized care as much as possible. This pull in opposite directions presents extra challenges when individuals come from different cultural, religious/spiritual or linguistic backgrounds.

The question is: how far can organizations go with individualized care? Probably farther than we think. But it may require some rethinking, learning and even reorganizing of work and activities.

Do the following scenarios sound familiar?

- Staff members are struggling with the behaviour of a resident with dementia and cannot understand the problem. Are there cues to the behaviour based on the cultural and religious traditions of the person?
- You spend far too much of your time with a family whose members don't speak much English. How do you address their issues and questions in a reasonable amount of time?
- A tenant in a supportive housing building is being discriminated against by other tenants because of his name and assumptions about his culture. Are there ways to create a friendlier neighbourhood in the building?
- A resident in a retirement home is unable to leave the home to attend worship services, which have always been an important part of her life. Are there simple ways to assist her?

By applying the ideas in this toolkit to your own situation, you will find that you:

- Have gained new understanding and skills to practice and master.
- Have gained an additional dimension in your relationships with the individuals and groups in your organization.
- Have new knowledge about cultures, beliefs and ways of communicating.
- Can be a cultural champion and promote cross-cultural understanding in your unit and organization.

Understanding the Individual: Similarities and Differences

Each individual comes from a culture that is formed by the history, values, language and traditions of the group to which the individual belongs. However, not everyone from that culture is the same. It is important to watch out for stereotyping or generalized statements about people based on their culture.

For example: Are two people, born in Canada and members of the same religious denomination, the same?

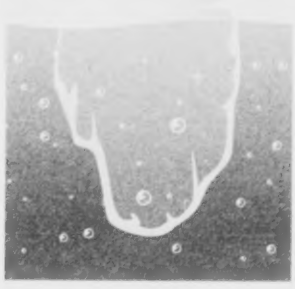
No. They may share similarities in looks and values, yet have differences in approach, style, family tradition, interpretation of church teachings, level of education etc., all of which affect who they are.

Because of these similarities and differences, the principles and suggestions in this toolkit apply to any individual, even if the obvious focus is on different cultures and backgrounds. *We usually have more in common than we may think!*

Our first reaction is to what we see or hear – that which is visible or audible. Likewise, beyond a person's appearance, it is important to learn more about the person, the food they like, language they speak, the gestures they use, and the rituals and practices by which they live their life. It is important not to stop at this level, and to learn more about the person. For example, what are the cultural traditions from the place in which the person was born and/or raised? What was his/her education, what type of family life have they had, including traditions and religious/spiritual teachings?

At the floor of the ocean, or the most basic level, there are common human elements that we all share: need for love, care and friendship; need for respect; need for food and shelter; need for spiritual development and support.

Each person is like an iceberg: only the tip of the iceberg is the visible part yet there is much more under the surface of the water.



For information about various countries, cultures and religions/spiritual practices, see Resources Section 4 and 5. The goal of this information is to help you begin to explore different cultures and empower you to ask meaningful questions about cultures.

> Things do not change; we change.
>
> — Henry David Thoreau

Self-awareness

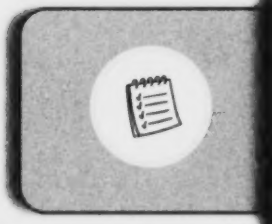
When we interact with people from different cultures, we may forget that they see *us* as being from a different culture. They may see our practices as odd, yet to us they are normal — perhaps even the best way of doing things.

It is important to stop and think about our personal values, beliefs and ways of communicating; our attitudes toward conflict or completing tasks; how we make decisions or seek information; and how the rules of our professions affect our behaviour. Self-awareness is the beginning of the path to cultural competence.

> The wisest mind has something yet to learn.
>
> — George Santayana

Think about a situation in which you did something in what you felt to be the best way, and another person did not like the way you did it. Try to picture how the other person saw the situation. What would you do next time?

To find out more about yourself, complete the personal quiz in Resources Section 1, Tool 19.



TIP – Getting to Know Each Other

- ✔ Ask people how they would like to have the situation handled according to their values and belief systems.
- ✔ Share your views on how you see the situation and why you act a certain way.
- ✔ Don't be afraid of making mistakes — they happen. Ask, apologize and try again. People are very forgiving when they see that another person is trying, even if they initially may be upset or frustrated.
- ✔ Show interest, ask and listen to people's stories.
- ✔ Notice differences in communication styles and values.
- ✔ Read about different cultures' traditions and history.
- ✔ Express to family members your interest in learning about their culture.

The Individual and Organizational Culture

Organizational culture affects everyone — it is sensed and experienced by a person entering the home for the first time, by a new resident adjusting to the home, and by new staff starting to work in it. Organizational culture underlies and guides the daily activities that are carried out by individuals and groups in any residential setting. (See Part 1 – Organizational Change).

An organization's culture of welcoming people is aided by individuals who help in its creation and delivery; they do it by following organizational policies, meeting organizational expectations and delivering or receiving care in a particular way. But individuals can also add to the organization's culture by bringing their own values and traditions, which, at times, may conflict with those of the organization.

Let's say that in your culture you demonstrate respect for elderly people by giving generously of your time and stopping to listen, but this is in a direct conflict with the tight schedule you have for your tasks. Do not just assume that nothing can be changed. Each person can initiate change and take responsibility for asking questions and suggesting improvements. Organizational culture is a "two-way street" — an interplay between an individual and an organization on many levels.

Be prepared to accept that sometimes your efforts will be successful, and other times they will not. The critical thing is to recognize that some solutions take longer than others. Sometimes things don't work out the first time (see story below), but you can try again or try something different (see story, Try Again!, on following page).

Story: It Worked!

Dietary staff became aware of how badly some residents missed familiar foods because they did not touch anything from the regular menu. The staff brought the issue to management's attention. The home reviewed its needs and policies regarding culture-specific foods and made a change: it started serving culturally familiar foods for special occasions. Now, at least one culturally familiar food item is included at every meal. This is made possible by a team effort from the volunteers, who provide the food, and the dietary department, which prepares and serves it.

Story: Try Again!

A resident and a personal support worker (PSW) came from the same background and spoke the same language, allowing the PSW to discover that the resident was not eating because the food in the home was totally unfamiliar to her. The PSW wanted to help and offered to share her recipes with the dietary department. The PSW did not give up, proposing that she provide the dietary department with some basic recipes for the staff to include in the meal plan, including rice and peas. The recipes are being reviewed by dietary staff to ensure maximum nutritional value.

Common scenarios and challenges: what would you do?

The scenarios below, among many more, were highlighted in the focus groups and key informant interviews for this toolkit. They can be used for formal and informal discussions with staff:

- It is in the middle of night, and a resident is approaching the end of her life. She comes from another country and is of different religion from yours. There is no family to contact. You are not sure how to provide the most sensitive care to the resident. What would you do? Where would you find the information quickly?
- A new resident is not willing to eat. There is no family to ask why this might be happening. You do know, however, what the resident's cultural background is. What can you do?
- Two staff members, not from the same culture, have very different ideas about a particular aspect of care for a resident (or group of residents). This is a source of conflict between them. What can they do? What can you do?
- A resident is upset that he cannot get help with washing before the five required prayers a day. What can he or a staff member do? What can you do?
- Two residents, sharing a room, come from different countries with a history of wars between them. Words and tempers flare between the residents. What can be done?

Go back to the scenarios, alone or with a colleague/fellow resident, and see how you would use this toolkit for guidance.

Environment

Visitors form their first impressions of an organization's culture from the behaviour of people and the physical environment. How does your organization rate? Check the following elements of success in creating welcoming environments:

- *Visitor-friendly reception:* Is the reception clearly marked? Is there a person there? If not, are there clear directions for getting help? Is the staff and/or volunteer coverage at reception diverse? Have these individuals been given customer service and cultural competence training?
- *Recognition of a visitor:* Do individuals acknowledge a visitor by a nod, smile and/or stopping to ask if they can be of help? Or are people just hurrying by, focused on their business?
- *Easy orientation to the environment:* How are the new staff and residents oriented to the environment (layout of the home and where to go for a particular issue; signs or materials to provide directions)?
- *User-friendly signage:* Is signage easy to understand (is it in the major languages of the organization/community; are pictures used, etc.)?
- *Ease of addressing individuals:* Do staff have their name tags clearly readable so they can be addressed by name?
- *Personalized greetings:* Are people greeted by name?
- Décor: Is the décor culturally supportive (wall colour in the room; pictures in common areas; symbols of various cultures)?
- *Facilities for visitors:* Are facilities available for private time?
- *Culturally sensitive care:* What provisions are there for culturally sensitive care (privacy in bathrooms, jug for washing after toileting in addition to paper, personal basin in the room for washing before prayer etc.)?
- *Telephone behaviour:* Is the phone answered promptly and in a friendly fashion? Is it easy to be connected to the person requested? Are telephone responses clear and unhurried?
- *Roles of family and volunteers:* Although interactions with family and volunteers should always be individualized, are there some guidelines related to their roles?

Think about these and other questions, and about what you can do to make the environments more welcoming. Pick some ideas that you can start practicing today. Ask your manager or a member of the diversity committee (if available) what the best channel is for suggestions.

Story: Sally the Champion

"We are all just people!" Sally, who made this comment, is a resident of a medium-sized long-term care home and busy every day. Much of what she does contributes to a welcoming environment for everyone, including seniors from diverse populations.

When Sally is not involved in her daily schedule of visiting other residents, she is a greeter in the entrance hall. Some residents don't speak English, but Sally visits them all on a regular schedule. She uses touch and smiles, and waves when she sees these friends. She lets family members know how the residents are doing, and families who speak little English stop by to greet Sally.

Sally keeps an eye out for stressed family members and lets them know she is there to support them and their resident. Families are relieved and grateful that Sally has befriended their parent. We see how Sally makes a difference. How do you and your colleagues make a difference?

Key Elements of Care and Service Delivery

Care Delivery

Care delivery involves everyone through a team approach. Residents' preference is usually to have their care delivered in the way it has always been, but this may not always be possible, for a number of reasons:

- Routine: the way things have always been done.
- Time restrictions for activities: limits flexibility.
- Safety of the resident and/or the caregiver.
- Government regulations.
- Professional "rules" of the caregivers.

These reasons are understandable and valid, but there is also a risk involved if staff members are unaware of important facts that would enable them to do things differently or more suitably for the person or situation. Here are a couple of examples:

Emma is a quiet and cooperative woman who lives in a supportive housing apartment. She requires some assistance with personal care after a fall, so a PSW (who is originally from another country) spends 1 hour twice a week with Emma for bathing and grooming. Emma admits that she needs the help but does not like the way it is provided, does not say anything to the PSW, and blames it on the fact that the caregiver is from another culture and doesn't understand her needs. Emma finally tells a housing staff member how she is feeling about her care, which enables them to help her address her concerns.

Rolle, who speaks no English, is a resident in a long-term care home. When his meal is served, he doesn't touch it. Staff members have tried using gestures and cuing with no success. Is he in need of assistance, or is this problem arising because of a language barrier? If the latter, what could be done differently? Do staff members know what country and culture Rolle comes from? Would they know where to find this information? What difference would it make if they knew? Do they know what kind of food Rolle likes? By asking questions, the staff begin the learning process which leads to resolving the concern about Rolle not eating.

Do these stories ring a bell?

Think of your own residents — do you have someone in a similar situation that places them in a risk of not thriving? What do you want to do about it?

This toolkit can help you identify some of the areas that need attention and can also enhance your care delivery and/or interaction with persons from diverse backgrounds by going through a process of *assessment, provision of care* and *evaluation* from the viewpoint of diversity. For ideas on gathering assessment information about individual's linguistic, cultural, and religious preferences, which can shape the care delivery process, see Resources Section 1, Tool 23.

Assessment

Much basic information about a resident's physical, social and dietary needs is gathered during the formal assessment at admission. This information is general in nature, so it is recommended that expanded information be gathered on all residents.

What should expanded information gathering include? Staff should try to find out the elements regarding personal care, social and physical activities, spiritual care, food and end-of-life care that are most important for the resident, including how his or her cultural and religious background affects these aspects of life. Also, information about significant historic events in the resident's life may shed light on unusual behaviours, such as hoarding or hiding food (had experienced starvation) or not eating certain foods.

To explore these areas, the key is to ask the resident him – or herself (or family if the resident has dementia). This opens up communication, and the simple act of asking will demonstrate to the resident that she or he is considered a special individual. Storytelling is also a wonderful method for asking these questions, sharing information in a low-key fashion based on the listener's sincere wish to learn about the other person. Storytelling may be initiated by a question about a particular issue, followed by requests to elaborate on it. Storytelling is a reciprocal way to build relationships, as is shown in the following story. (See Resources Section 1, Tip 7 about Planning for Staff Development and Teaching the Use of Story Telling).

Story: Impact of History

In a long-term care home, a recreation assistant was hired to work with residents of a different ethnicity. The residents' first reaction to her was quite hostile based on historical conflict between her country of origin and theirs. She realized that there had been conflict between the two countries, but she did not initially understand that this was the reason for the residents behaviour.

She decided not to take the unfriendliness personally, and instead tried to address the issue creatively. She ran a storytelling program where she and the residents could share their experiences of life back home and their journey to Canada. Though their life histories were different, many had come to Canada in hopes for a better life. Through discussions they realized that they shared other things in common, such as an appreciation for food and music.

This information changed the residents' attitude toward her by helping them acknowledge each other's heritage, focusing on their similarities rather than differences. This resulted in a better working relationship and enhanced their mutual respect for each other. The recreation assistant enjoys her work, and the residents are highly satisfied with the recreation programs.

We learn by example and by direct experience...
— Malcolm Gladwell

Role of family

Families can be a significant source of information regarding a resident. However, there can be limitations. For example, we may not know the family dynamics. Family members may be coming from a different perspective than the resident, especially those from different generations. Asking questions of families can yield many insights about a resident.

Care planning

Care planning results in goals that are in keeping with the resident's cultural and religious values, beliefs, and supports for communication and end-of-life care. Planning may also include a comprehensive and individualized eating and drinking plan; preferred foods; how the residents eat and drink (chopsticks or fingers rather than knives and forks), techniques for promoting adequate food and fluid intake (eat dessert first; staff mastering a few food-related words in resident's language; culturally familiar food).

Story: Care Planning Includes Everyone

A recreation assistant was working with a Japanese resident who had had a stroke and was withdrawn, not eating and with no interest in life. Her family had told the staff that the resident was saying she wanted to die. The recreation assistant learned that the resident had been an expert sushi maker and decided to ask the resident if she would teach her how to make sushi. The resident could not refuse this nice young woman, and within a short time the resident was functioning at a higher level because of the sensory stimulation and sense of purpose. The recreation assistant student became an excellent sushi maker, too.

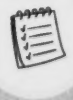
Provision of care

When a person moves into a seniors' residence, it is a new and largely unknown world. It is important to make this world welcoming by recognizing the person's vulnerability and showing interest meeting his or her needs. Similarly, it is important for the person to understand the home's routine practices and the reasons for routines.

In the end, individualized care may be a compromise between the wishes of the resident and the realities of the home. It is important to find a solution that best meets the resident's needs using available resources.

> The measure of a country's greatness should be based on how well it cares for its most vulnerable populations.
>
> — Mahatma Gandhi

TIP – Finding a Solution



- ✔ Ask the resident to identify his/her priorities, particularly the top one.
- ✔ Address the resident's most important aspect of care first.
- ✔ Give the resident an opportunity to be an active participant in his or her care.
- ✔ Reach out to the resident's family or cultural or religious community for help.

Story: Look for Resources – Find a Satisfactory Solution

A new resident from a Tamil community was distressed, as he did not get the help he had asked for. His religious practices required five prayer sessions a day, and he was to wash himself prior to each. Staff helped him wash morning and evening and wanted to support the resident at other prayer times. They contacted the resident's spiritual leader for help. The leader visited the resident and showed him how he could symbolically wash himself, in his room, prior to praying. The home provided the basin and other necessities. The resident felt comfortable having received the spiritual leader's support and appreciated the home's efforts.

Story: Know the Right Words to Use

A resident had untreatable cancer and was in a great deal of pain. The home recommended palliative care, including pain management through medications, comfort measures, discontinuing any intrusive measures, and allowing family visits at any time, but the family refused to consider palliative care because to them, the word palliative meant giving up. Their religious belief was that there is always hope, even with a disease that was causing extreme pain.

Staff were distressed by seeing the resident in pain and not being able to obtain the family's consent to help. They consulted with the chaplain of the home and it was recommended that a faith advisor be invited to meet with the family and negotiate a carefully worded decision. The family then agreed to pain management because there was still hope, but did not agree to other measures deemed as palliative care by the staff. The staff learned that for some faiths, certain words such as palliative, should not be used. The staff took comfort in knowing that at least the resident's pain was controlled.

The caregiving role of family

Family members often wish to be involved with some caregiving. It is important to negotiate the right level and amount of care. Once the family member has provided care a few times, he or she must be given an opportunity to evaluate the experience.

- Does the family member wish to continue with the care?
- Are there ways the family member can be involved in the shared cultural approach that supports the resident in a way the staff cannot?
- Does the family member have a role in teaching the staff to provide the care in a culturally sensitive way?

- Would such teaching confirm the appropriate care without the involvement of the family member?

Families can also play an important role in bridging between the home and the resident. (See Resources Section 1, Tip 16).

Evaluation

Evaluation is an essential part in delivering culturally appropriate services. Therefore, an evaluation component must be built into every activity. It may take many different forms and levels of formality.

TIP – Quick Evaluation Information

- ✔ Conduct informal chats with individuals to find out what they think or feel about an activity or food that is intended to meet their special cultural or religious needs.
- ✔ Observe people's reactions and facial expressions. If a special food item is left on the plate, or a grimace accompanies every spoonful, some questions may be in order.
- ✔ Offer participants a brief questionnaire at the end of a special activity.
- ✔ Ensure departmental reports include informal and formal evaluations of activities to measure inclusiveness and diversity.

Programs and activities

Homes typically offer individual and group activities that are geared to the populations they serve. Therefore, find out what social, physical, spiritual and intellectual activities the new residents have enjoyed during the course of their lives to help you learn what they would like to be involved in now. Again, it may be helpful to describe what is typically offered in the home.

The provision of some activities that are geared to particular cultures or belief systems don't have to be time or resource consuming — it can be as simple as culturally appropriate movies or taped shows. A resident from a particular culture may be able to link the program/activities coordinator to a community resource to provide or assist with particular activities, as is demonstrated by the stories below.

NOTE:
Family members and volunteers can be a tremendous source of information, ideas and support to programs that are inclusive and promote diversity.

Story: Tai Chi for All

A Chinese resident had always practiced tai chi, a Chinese spiritual and physical exercise. He was able to facilitate the finding of a teacher and establishing a weekly tai chi session in the home. These sessions were open to everyone and became quite popular over time.

Story: Residents as Teachers

Ten residents in a long-term care home in Toronto participated in a program that gave English as a Second Language students from the community an opportunity to practice speaking English by socializing with the residents. Besides language, the residents saw this program as an opportunity to teach Canadian newcomers about customs and traditions from the point of view of seniors.

The students were accompanied by their teacher, and the recreation department staff in the home facilitated the sessions. At the first meeting, two students were paired with each resident, and everyone got acquainted.

A poster depicting the various languages spoken by the students was used to promote initial discussion and communication. Residents who spoke languages other than English helped out when needed. Next, participants broke into small groups to talk about the richness of their lives. Later, when the whole group was back together, the students served refreshments, and each student told something special that they had learned about Canada and about the resident's life. The residents were delighted with the interaction and impressed with the students' language skills. They are planning for the students' next visit.

Religious / spiritual care

People who have had an active religious or spiritual life are likely to want to continue this in a seniors' residence. Others may have grown up in a particular belief system, did not practice it in their adulthood, but now, approaching the end of their lives, wish to renew these practices. Common approaches to spiritual care in a seniors' residence are providing it in the home, or bringing it in. (See following Stories).

Space for worship

In an ideal world, dedicated space would be allocated to each religious or spiritual group, but since this is clearly not feasible, many homes have created a shared space that can be scheduled for each group. They also accommodate rituals and symbols that are portable enough to be respectfully stored when not in use.

A person's room may be used for worship purposes. In a shared room, it requires the roommate's support and cooperation and may require compromises, such as leaving the room for the duration of the prayer. Staff also need to be aware of these special times and respect privacy by not opening or knocking on the door.

The stories below give examples of how some residential settings have been able to provide appropriate spiritual and religious care to residents.

Story: Value of Observation

The Jewish residents of a particular home have their Sabbath services every Friday in the worship centre of a home. One particular resident with dementia became very agitated and upset during the services. When this happened a few times, staff wondered whether she should return. One Friday, a volunteer, trained to observe body language, sat beside her at the service. She noticed that the resident stared at the side wall. She followed the resident's stare and saw that although it was stored away as required, a large cross was clearly visible.

The cross, which does not reflect a symbol of the Jewish faith, was the reason for the resident's upset. From that day on, the cross was stored in a cupboard with doors, and the resident was able to enjoy her Sabbath service without becoming agitated.

Story: Box of Spiritual Items

Residents with dementia, especially those in later stages, require special care for connecting with their religion or spiritual practices. Strategies typically involve sensory stimulation (pictures, music, incense, touching a symbol) and can produce an enjoyable moment for the resident.

In one home, the coordinator of spiritual and religious care for all faith groups introduced a set of portable memory boxes. Each box has symbols, music and other relevant items for a particular religious or spiritual group. The coordinator makes weekly visits to residents who are not able to attend worship services. The residents usually respond, sometimes as simply as a sigh of relaxation, humming or singing along, momentary eye contact, a longer attention span than usual, or other signs of a deeper connection. The boxes are available to spiritual- and religious-care visitors, as well as staff and families, to connect and enjoy a meaningful visit. The spiritual care coordinator provides the appropriate training.

Food

> *"If residents get the food they are used to eating, everything else will fall in place."*
> — Staff member

Although this statement may be a little exaggerated, it confirms the importance of food in everyone's life. Mealtimes are often the highlights of a resident's day, since they are assocated with sharing and fellowship with others. Food carries many meanings:

- It reminds us where we come from.
- It is associated with ritual, and expressions of love and nurturing of oneself or others by cooking.
- It tells that we are being cared for by others as they cook for us.
- It reminds us of home — the smells and the cooking processes.
- It brings comfort — we all have our favourite comfort foods.
- It provides physical satisfaction and nourishment.
- It awakens memories of growing up, of one's family rituals and celebrations.
- It brings up memories of the adult years, children growing up and eating particular foods.
- It can be a deeply embedded part of our cultural and religious identity.
- It can remind us of food shortages, such as during the Depression.

You may wish to use the meanings above as a basis for storytelling between residents, staff and volunteers. Ask others about why food is important to them, what thoughts it brings to their mind and what their food traditions are. Then tell about yours.

Realistic expectations

It is not realistic to expect that each person's meals be prepared according to their preference. This hardly happens in our private family homes, either! However, it is feasible to provide some foods that reflect a resident's physical needs, culture, religious beliefs and preferences. This is particularly true for cognitively impaired residents, who tend to eat culturally familiar food with other residents from their culture but may eat nothing in the main dining room, where the food and the language are different from their customs.

Efforts by staff and volunteers

In many homes, dietary staff have been creative and made special efforts to provide culturally familiar food, despite the challenges this poses. These efforts are worthwhile; the residents and families express high levels of satisfaction and appreciation for them.

Story: Memories of Mother's Kitchen

Peter, a resident of Hungarian descent, remembered his mother's Hungarian foods and how he loved the smells in the kitchen. He wanted to share these experiences with his new community, the seniors' residence. The dietary and activities staff coordinated their efforts to support Peter. They arranged a weekly schedule for Peter in the kitchen of his unit and provided the ingredients for his Hungarian meals. Peter shared them with residents and staff in the unit.

Importance of feedback

Obtaining feedback from residents is a must. It may happen that despite the best of intentions, the food is not quite as expected. Residents, appreciative of the effort, may be hesitant to tell about any shortcomings in the special food provided (see the following Story and see Resources Section 1, Tool 2 for an in-depth example).

Story: Isn't Rice Just Rice?

A home with a growing Japanese population wanted to provide residents with culturally appropriate services. They surveyed the residents about the most important care element for them and discovered it was rice. Happy to accommodate, the dietary department included rice in the daily meals. As there were no comments, the home assumed that the rice was to their liking, but much later, a casual comment from a family member indicated that the rice was not cooked to the Japanese residents' liking. It seems that they had kept quiet because they appreciated the home's efforts and did not want to be seen as complainers.

The home did not want to give up and tried again. A rice cooker and Japanese rice were purchased for the unit. Monitoring the situation closely, however, staff noticed that the residents still did not seem to enjoy the rice. When probing the situation with carefully worded questions, the staff learned that the rice was too watery. It turned out that nurses from another culture were checking the rice while it was cooking to ensure that it would be right. As it seemed too dry by their standards, they added water for a more moist texture.

The management understood the good intentions of staff, but took advantage of this opportunity to enhance cultural knowledge. A Japanese resident was asked to explain rice cooking and other information about Japanese foods. Similarly, the staff members from other cultures told stories about their diet. Once they were educated, all was well. In fact, this experience provided some good laughs and brought staff and residents closer together.

Food by country

At times, the dietary or program staff may need help providing culture-specific food. Fortunately, residents, volunteers and staff within an organization have a wealth of information to share. They may even bring recipes — or even better, samples!

Resources Section 5 provides information on a few different countries. For each country, food and food etiquette is included. A blank template is provided for gathering information on countries not listed. Also see Resources Section 3: Recipes – provides sample recipes from different countries, and suggested websites for more recipes.

Keep in mind that the information provided in the toolkit should be used as a starting point only. Not everyone from a particular country likes the same food, or likes food prepared in the same way. It is important to make culture-specific food decisions with the resident(s) and their families as appropriate.

End-of-life care

Focus groups for this toolkit frequently requested information on culturally sensitive end-of-life care, particularly when working in long-term care homes with frail residents. Staff expressed a wish to provide individualized care based on the resident's value system, beliefs, cultural traditions and health and personal care preferences.

Planning for end-of-life care may start as early as at admission. It typically includes advance directives and may cover the person's wishes regarding pain management and other medical care, spiritual care and after-death care.

Advance directives

The conversation about advance directives, especially at admission, must be handled with care and sensitivity. Some residents and/or family members may be relieved when given the opportunity to talk about end-of-life and be reassured that the resident's wishes will be followed, but there are differing beliefs about the appropriateness of talking about this topic. For example, saying the word *death* in some cultures is seen as hastening a person's demise. In others, discussing death with a person who is elderly is taboo. You may wish to prepare for the discussion by learning about the new resident's cultural and spiritual/religious background in advance.

Essential knowledge

Focus group participants asked for guidance regarding various religious practices, wanting to provide their residents with the appropriate spiritual, medical and personal end-of-life and after-death care.

TIP – Support for Culturally and Spiritually Appropriate End-of-Life Care

- ✔ The resident's religious or spiritual group should be clearly recorded and easy to find in the care plan.
- ✔ The contact information of the resident's spiritual support person(s) (for any time of the day or night) should be clearly recorded and easy to find in the care plan.
- ✔ Family and volunteers can be an invaluable resource on how to provide culturally and spiritually appropriate end-of-life care.
- ✔ A list of religious/spiritual organizations with contact information should be posted in each staff or nursing station. This is important for situations in which the resident's religion or spiritual practice is not known until very close to the end-of-life.
- ✔ Information about various religious or spiritual practices is provided in Resources Section 4, covering the following:
  - Aboriginal/Native spirituality
  - Buddhism
  - Christianity
  - Hinduism
  - Islam
  - Judaism
  - Jehovah's Witnesses
  - Sikhism

A blank template is provided in Resources Section 4 for gathering information about beliefs and practices not listed here.

The following story illustrates the complexities of a multigenerational and multicultural end-of-life situation.

Story: A Tough Compromise – Generational Differences in End-of-Life Care

An elderly man from an Asian country was living in a seniors' residence. He had had a severe stroke and was comatose, with no change in his condition after 48 hours. The medical staff recommended that they let "nature take its course" and provide comfort measures, rather than introduce complex treatment measures to extend his life.

The family was asked to make a decision. Legally, the resident's wife was the decision maker, but she did not accept the idea of impending death, believing more could be done. His adult children understood the illness as "life threatening" and that he would likely die. His grandchildren knew he had a life-threatening illness and felt that it was not appropriate to introduce life-extending measures.

The different generations of the same family viewed things differently due to the level of acculturation. The family discussed the situation and, ultimately, the man's wife agreed with her adult son that her husband would likely die, and agreed to comfort measures. This type of generational difference exists in many cultures.

Communication

Communication between people from different cultures can be a challenge, not only because of language differences but because of different approaches to communication.

Consider a situation in which you need something. How do you go about asking? For some, asking a direct question is normal. For example, a resident may say she would like to see a doctor. In North American culture, the response may be in the form of a direct question: "Oh, why do you want to see the doctor?", but for people from some cultural backgrounds, such a question may be impolite.

Observe how a person communicates with family members, volunteers/visitors or colleagues from the same cultural background. Ask these people for help and information about the best way of communicating with the other person, either verbally or non-verbally. Families, volunteers and staff from the resident's culture are a great resource for understanding how best to communicate.

Find out who the spokesperson for the resident is and who helps them make decisions. Some cultures are individualistic and decisions are made by the individual. In other cultures, the oldest male in the family is the decision maker, and it is expected that important things are discussed with him.

Remember that conflict is expressed in different ways. In some cultures conflict is addressed immediately and up front; other cultures avoid conflict at all costs. Or, in some cultures, saying "no" directly as is done in some Western cultures is considered impolite. Without understanding this, conflict management can be difficult. (See Resources Section 1, Tip 22)

Strategies to consider

- ✓ It is always safe to be formal and call the person by his or her title and last name, until you are asked to address by first name. Otherwise, it may be considered an insult. If that happens, the easiest way is to apologize and address the person as it is appropriate in their culture.
- ✓ Consider that non-verbal communication is used in every culture, although it may indicate different things. It may involve the following:
  - Eye contact: Is it respectful to look directly at the person?
  - Gestures: What kind of gestures are appropriate, and how much?
  - Facial expressions: Do they show emotions?
  - Distance: What should the physical space be between two people who are talking? Some cultures are quite private and don't appreciate closeness.
  - Physical displays of affection: Displaying affection in public (even betwee. spouses) is not appropriate in some cultures.
  - Touch: Can be a taboo, especially with the opposite sex.
  - Dress: May be used for modesty by covering up most of the body.
- ✓ Have a look at the information about verbal and non-verbal communication patterns in the Resources Section 1, Tip 8, on different countries and cultures. It can serve as a basis for asking further questions.
- ✓ Discuss and learn about non-verbal communication. For example, a chat over a coffee break about the differences and similarities can be an interesting and enlightening experience.
- ✓ If in doubt, or if receiving signals that something is wrong, explain what you heard and ask if it is correct. People are not offended if you ask; they appreciate being listened to. Learn about the communication approaches of the fellow residents, staff or volunteers.
- ✓ Do not assume a reason for a client not responding to conversation. Find out if there are medical, language, or cultural reasons for not responding.

Story: Does "Yes" Mean "Yes"?

Residents from some cultures often see a caregiver as a person in authority, and it affects how they communicate. Rose, a resident in a retirement home, was a refugee during the Second World War. She speaks and understands some English and is cognitively intact. Whenever staff asked a question, Rose would simply answer "yes" because that is what she thought they wanted to hear. Staff began to wonder why Rose only ever said "yes" and was otherwise uncommunicative.

Once they learned her history, they were able to rephrase questions, offer choices, use cues rather than words and gain her active participation in her daily routines. These strategies prompted Rose to answer in some detail, at which point the staff realized that Rose indeed did understand and was cognitively intact.

Story: Understanding is a Two-Way Street

Maria has lived in a particular home for 2 years. She has early dementia and is reverting back to her mother tongue, a dying language. Maria is able to speak English but needs constant reminders to speak it — a manageable strategy for staff.

However, Maria has a reputation of being difficult and rude at meal times. She has specific likes and dislikes, as well as cultural traditions (she is a vegetarian and loves eggs). At meal times, when shown a meat dish, she speaks abruptly to the staff and waves the food away. The staff think Maria does not like or respect them.

Because Maria is quite new to Canada and has never lived in a multicultural community before, she knows only her own traditions. She comes from a culture where the people serving food or providing care are considered to be from a lower class, and addressing them curtly is acceptable behaviour. This is not taken as a lack of respect in her culture.

Once the staff learned about her cultural background, they started working with her to understand each other's culture, language and traditions. This has made a difference in the interactions in the dining room and provision of personal care. To show her appreciation of the staff, Maria recently invited several of the dietary staff to join her and her family for dinner at a restaurant to celebrate her birthday.

Always keep in mind that communication is a partnership and each participant should share equally to ensure understanding and correct interpretation.

Summary

As you can see, it is a challenge and an opportunity to build cultural competence in an organization. It can be done, by turning obstacles into building blocks. These changes can begin at any time, by anyone in the organization, and at any stage of the evolution toward cultural competence.

The process begins with raising our individual or collective awareness, and moves to learning about and understanding others, and, finally, to changing the manner in which services are provided and the organization operates – The goal is to fully become an inclusive, culturally competent organization. Part 3: Resources will provide you with some tools and steps for achieving *Diversity in Action*!

Diversity In Action:
Part 3 – Resources – Section 1

Tools, Tips & Samples

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Sample #1

Statement of Commitment, Mission and Core Values

Statement of commitment

Diversity in action: Our organization will be a leader in welcoming diversity and honouring each individual. We will integrate this approach in all our activities and reach out to the communities around us to establish close partnerships.

Mission

Our organization is committed to the highest quality services for seniors in an environment that welcomes diverse populations among residents, families, staff, volunteers and community partners. In our activities, we will recognize and strive to accommodate the cultural and religious/spiritual needs and interests of the individuals in our organization.

Core values

Embracing diversity and inclusiveness: A culturally competent organization that recognizes the rich diversity of our community, residents and workforce and supports individuals in achieving harmony in their lives.

Collaboration: Respectful, trusting and collaborative relationships with seniors, staff, families, volunteers and community partners in an environment that is encouraging, enabling and supportive.

Environment: A welcoming environment that supports the social, cultural, linguistic, intellectual, spiritual, physical and psychological needs of seniors who live in the residence, as well as their families, volunteers, staff and community partners.

Leadership: Curiosity, courage and the confidence to find out what we don't know and take risks in the pursuit of optimal care and services.

Learning: Partnering with our internal and external communities in lifelong learning that advances our resident-focused care and services.

Integrity: Earning trust through accountability, courage, honesty and ethical behaviour in our organizational and individual relationships.

Source: Compilation of practices described by the contributers and found on Canadian Health Care and Long Term Care Home Websites.

Additional Resources: Program for Multicultural Health, University of Michigan Health System, www.med.umich.edu/multicultural/index.htm

Tool #2

Sample Practice Culturally Familiar Food – a Four Step Approach

Step 1. Creating Understanding and Commitment

In this home, the Residents' Council conducts quarterly (or more frequent if required) reviews of food menus, checking all the details, and considers what residents have asked for more, less or added to the menus. They bring forth residents' requests and issues, and provide menu suggestions to the home's management and dietary department. Some residents from specific cultures have been requesting culturally familiar foods via the Residents' Council. Examples of requests included: rice on a daily basis, rice cooked in a certain way, chicken served more often, baked potatoes, and sweet potatoes added to the menu.

Staff reported that often residents, especially those with cognitive impairment who may not be able to communicate their preferences, are observed to eat well when they are given culturally familiar food, and become distracted, refuse to eat anything, or eat very little when the food is not as familiar. They noted that the residents also eat more independently, require less staff assistance and participate more in the social aspects of the meal when food is culturally familiar.

Families, friends or volunteers would also sometimes bring culturally familiar food in to the home - a case of good intentions. However, the home had concerns that food could cause a risk to residents who require certain diets, such as diabetic, weight reduction, or who are at risk for choking. It could become an even greater risk when the food is shared among other residents.

The home was aware that there is a need for change related to food menu, knowledge that strategies need to address resident preferences and risk issues and they are willing to act.

Step 2. Achieving Inclusiveness and Competence

What, How, Who and Why? Here is what the home did.

- The management staff discussed the information from the Residents' Council and the fact that some families are bringing culturally familiar food in to the home and that it is being shared among many residents.

Tool #2 (cont.)

- Nursing, dietary and recreation staff brainstormed and problem-solved regarding ways to accommodate the requests and to address risk factors.
- Stakeholders including residents, volunteers, families and food suppliers were all asked for ideas and input.
- Managers, staff and Residents' Council considered the suggestions and what would be reasonable accommodation related to providing culturally familiar foods. Introducing a 'rule' of no food to be brought in to the home would not be a good solution!
- A working group was created to investigate, develop and plan strategies related to cultural food in the home and on specific units. The group explored possible solutions to serve culturally familiar meals in the dining room and worked with everyone involved to plan to implement new practices.

Examples of practices that were tried and implemented are:

- Culture specific flash frozen foods (meals) for a specific cultural group accessed through the regular food supplier which staff were able to prepare (such as using the microwave oven) and serve in the dining room at meal time.
- Volunteers from a specific cultural group work with nursing and dietary staff to bring food from external sources, such as donations from restaurants, or purchases of recipe ingredients using funds that they had raised. The food was delivered to the dietary department, and they prepared and served it to the residents on a daily basis. It is an element of the home's menu, and often residents from other cultural groups enjoy the food as well.
- The Recreation staff offered special culturally-based meals and cooking programs. For example, one resident was given time every week in the recreation department kitchen, and is provided with the ingredients. He then prepared a culturally specific meal based on recipes learned from his mother. He enjoyed reminiscing while preparing the food and invites different residents to join him for the meal.
- The potato issue identified by the Residents' Council was partially resolved by the recreation staff incorporating baked potatoes and sweet potatoes into meal programs in their department. The Residents' Council is continuing to pursue this request to have baked and sweet potatoes added to the regular menu.

Tool #2 (cont.)

- Staff in the dietary area were made aware of the various foods related to religious practices and special occasions. Suitable items were added to the menu cycle by dietary staff and offered to all residents as a choice. This met the dietary needs of residents from that specific religious group and did not impact staff time or food budget.

Lessons Learned – It is an evolving process:

- Menu planning through creating a menu/meal, or modifying/finding a suitable meal can demonstrate respect to resident/tenant and the organization's effort to respond in a culturally sensitive way.
- Inviting family and community members' participation and assistance, such as advice on or recipes for analysis for consistency with Compliance (LTCH), Canada's Food Guide; also, where to find such meals, already prepared.
- Implementing the plan by starting with a ethno-specific meal or food group once a week and then expand the menu.
- Offering the meal as an alternative to all residents.

The home is now developing practices and policies related to resident menus that promote diversity and inclusiveness.

Step 3. Responding with Respect

Further implementation of practices ensured reasonable accommodation of request to meet resident/tenant need. The outcome of the responses were as follows:

- Menus have been revised.
- Frozen cultural meals were purchased from the food supplier and likes and dislikes were noted.
- Families no longer felt the need to bring food into the home.
- Volunteers worked with a local cultural restaurant and the restaurant now donates 1 favourite food to the dietary department.

Tool #2 (cont.)

- Basic requirements were checked and met by the home to ensure they were consistent with Compliance (LTCH) and follow Canada's Food Guide requirements.
- Resident-centered requirements that addressed cultural, religious and health needs of the individual were developed while still meeting the basic requirements. The menu was integrated in existing systems and processes.
- All stakeholders were involved to find reasonable solutions and participate in implementation of the menus.

Ideas for a Culturally Competent dining policy:

The organization and the staff in the dietary department will:

- respond to requests for ethnic meals in a respectful manner.
- demonstrate that options have been explored using reasonable accommodation principle within regulatory requirements, and will integrate these meals in the meal plan offered to the residents.
- define the roles of residents, families, volunteers, food service management, food servers within the dining room.
- ensure accuracy in the areas of preparation, portions, texture, diet modification.
- evaluate the processes for efficiency, and conduct resident, resident/tenant and staff satisfaction surveys on a regular basis.
- share experiences and knowledge with other organizations.

Tips for Communication:

✓ Ensure there is a process to communicate to residents and they are aware of their menu choices.

✓ Ensure there is a process to communicate to staff they are aware of cultural practices related to food and meals.

✓ Ensure that there is a process to communicate so that everyone knows and understands the policy and related practices, such as how the food should be prepared and served.

...continued

Tool #2 (cont.)

- ✓ Ensure a two-way process for communicating the rules and regulations around food preparation, safety, and dietary restrictions with clients, families and volunteers.
- ✓ Communicate the proper and safe use of the microwave and correct preparation, presentation and serving of frozen meals being purchased from the home's food supplier.

The result:

- A dining experience where meals are prepared and presented in a culturally acceptable manner and within the standards and resources of the organization.
- The home has integrated their new knowledge of culturally appropriate food options and is applying these new ideas within their dining practices.

Step 4. Evaluating Together

Using various forms of feedback from various participants, the organization evaluated its success.

Residents stated that they are satisfied with the food, the menu and the approaches to serving.

Staff were proud to be able to provide this service to the residents and state that there is no overall negative impact on their work routines.

As demographics of the home changed, menus have continued to evolve in response to different cultural groups' requests and practices.

The home reviews and follows up with residents, families and Residents' Council to determine how well the practice related to meeting residents requests related to food is working and whether further improvements are needed.

Source: Derived from "4 Step Model Approach" developed by Sandra Pitters, City of Toronto, Homes for the Aged.

Additional Resources: Registered Dieticians, Canada's Food Guide for Healthy Eating, MOHLTC Standards, Practices from various homes.

Tool #3

Organizational Assessment for Diversity and Cultural Competence

AREA OF IMPACT	CRITERIA STATEMENT (TO BE APPLIED AS APPROPRIATE)	Y	N	COMMENT
1) Organizational statements and documents on diversity and inclusiveness	The process of developing and reviewing the diversity-related statements and documents includes input from residents, staff, families and volunteers, as well as members of the community			
	Diversity-related statements and documents have been: • Communicated to and understood by staff • Communicated to residents, staff, families and volunteers and are readily available to them			
	Diversity-related statements or documents: • Reflect the expectation that all services, whether delivered directly or indirectly, are culturally competent • Acknowledge the ethno-cultural diversity of the residents, staff, families and volunteers • Acknowledge the importance of being able to provide accessible and relevant services to the diverse residents • Make reference to involving various groups in decision making			
2) Program policies and procedures regarding diversity and inclusiveness	Policies and procedures are developed through consultation with and input from the staff, governing body, residents' council/tenants' association and others who reflect the cultural make-up of the resident and staff population			
	Policies and procedures promote a range of culturally appropriate service delivery models			
	Policies and procedures incorporate goals of eliminating barriers of accessibility to services and methods for monitoring implementation			
	Policies and procedures to be shared with residents are available in different languages, reflective of these populations			
	Policies and procedures are communicated to staff and/or discussed in training sessions			

Tool #3 (cont.)

AREA OF IMPACT	CRITERIA STATEMENT (TO BE APPLIED AS APPROPRIATE)	Y	N	COMMENT
3) Program practices regarding diversity and inclusiveness	Information is gathered about the demographics of the resident group for planning services and activities			
	The unique characteristics of each particular cultural, religious and linguistic group are respected and recognized for their contribution to the strength and richness of the organization			
	A range of culturally suitable service delivery models are planned, developed and implemented			
	Programs are developed and reviewed with residents and in consultation with relevant community resources			
	Programs are regularly evaluated to identify and address any gaps/barriers or unsuitable services regarding cultural needs			
	A complaint resolution process regarding unmet cultural needs is used and is effective			
	The skill sets of staff and volunteers reflect the needs of the resident population			
4) Personnel policies and practices regarding diversity and inclusiveness	The organization has developed and implemented an employment equity plan that covers hiring new employees, career planning for existing employees, employment equity policies, needs inventory and composition of workforce that reflects the cultural diversity of the community			
	The organization has personnel policies on multiculturalism, racism, harassment and discrimination, and these have been implemented			
	Performance evaluations have a section on cultural competence			
	Management conducts performance evaluations that are sensitive to cultural differences			

...continued

Tool #3 (cont.)

AREA OF IMPACT	CRITERIA STATEMENT (TO BE APPLIED AS APPROPRIATE)	Y	N	COMMENT
5) Skills and training on diversity and inclusiveness	The organization has a training plan, which includes ethno-cultural and cultural competency–related training			
	The training plan acknowledges the importance of providing relevant and accessible services to residents from diverse groups			
	The organization provides training to all staff and volunteers to increase their awareness of cultural competency			
	The organization provides training and support related to the overall culture of the organization and the many diverse cultures, religions and languages of residents for all levels of staff			
	Funds and staff time are set aside for cultural competency training			
	People with a cultural skill, such as another language, are recognized and/or compensated if they use that skill for work that is over and above their specific job duties			
6) Organizational composition and climate	The composition of the organization (management, staff, board, committees, volunteers) is reflective of the residents			
	The organization provides a welcoming environment for all resident groups			
	The organization accommodates diverse religions, languages and cultures			
	People from diverse backgrounds are given opportunities to participate in the organization			

...continued

Tool #3 (cont.)

AREA OF IMPACT	CRITERIA STATEMENT (TO BE APPLIED AS APPROPRIATE)	Y	N	COMMENT
7) Consultation and communication	The organization has a strategy involving the resident and family councils/tenant associations, volunteers and relevant resource organizations in service planning and delivery			
	The consultation strategy recognizes the linguistic, cultural and religious diversity of the home			
	The knowledge and experience of resource people are recognized and used when designing programs and services			
	Various cultural groups in the community have been consulted about the best ways to pursue equity for staff and residents			
	Promotional and educational materials are culturally sensitive and accessible to all residents, family members, volunteers and staff			
	The organization collaborates with other organizations to develop and deliver culturally responsive services			
	Promotional and educational materials are culturally sensitive and accessible to all resident/family/volunteer/staff groups			
	The organization collaborates with other organizations to develop and deliver culturally responsive services			

Source: Derived from Defining Cultural Competence: A Framework for Contracted Service Providers and the Ministry, *Ministry for Children and Families Vancouver Ethnocultural Advisory Committee, www.cf.gov.bc.ca/publications/cultural_competency/assessment_tool/tool_4.htm*

Additional Resources: A Cultural Competence Guide for Primary Health Care Providers in Nova Scotia, Nova Scotia Department of Health, www.gov.ns.ca/health/primaryhealthcare/pubs/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf

See also the CLAS Standards (Culturally & Linguistically Appropriate Services) in Appendix G, RNAO Nursing Best Practice Guidelines, entitled "Embracing Diversity in Health Care: Developing Cultural Competence." www.rnao.org

Tool #4

Checklist of Legal Obligations Related to Human Rights and Culture, Language and Religion

Are you aware of how the following legislation addresses the rights of individuals and the protections against discrimination on the basis of culture, language and religion? There are four key laws that protect the rights of Canadians and residents of Ontario in terms of discrimination on the basis of culture, language and/or religion.

- *Canadian Charter of Rights and Freedoms*
- *The Canadian Multi-Cultural Act 1985*
- *The Canadian Human Rights Act 1985*
- *Ontario Human Rights Code 1990*

Governing legislation for various residential settings

The range of residential and congregate settings for seniors is governed by various pieces of legislation. For supportive housing and retirement homes the governing legislation is the *Residential Tenancies Act 2006.* For Long-Term Care Homes there are three Acts governing homes; *Charitable Institutions Act, Homes for the Aged and Rest Homes Act,* and *the Nursing Home Act.* A review of relevant legislation by the Advocacy Centre for the Elderly in Toronto clarified that there are no specific anti-discrimination or diversity requirements contained in these laws, but all homes are subject to the four key anti-discrimination laws cited above.

Considerations

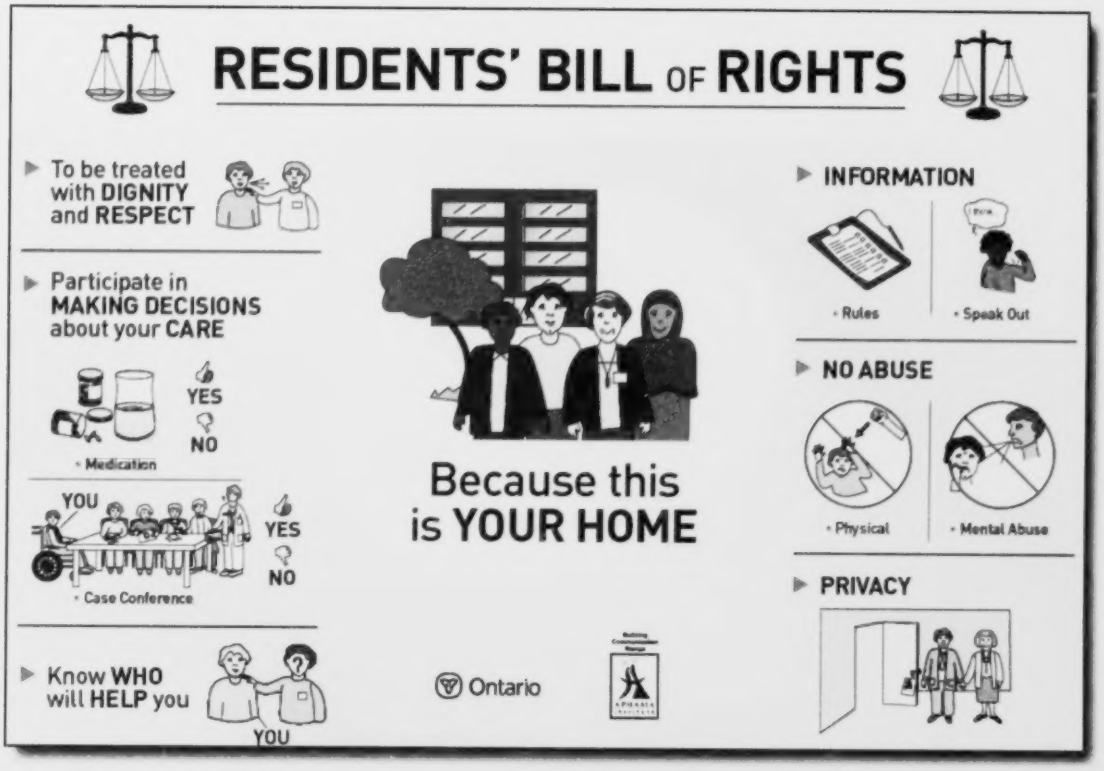
Governing bodies and senior management of residential settings should consider the following questions:

- Are organizational policies and practices in place to ensure compliance with both rights-based and other guiding legislation?
- Are there human resource policies and practices related to the workforce that demonstrate compliance with rights and cultural legislation?
- Do contracts made and agreed to between the organization and the resident reflect the rights of the resident and corporate obligations under relevant pieces of legislation?
- Are there care policies and practices in place to protect the rights of residents that fulfill the requirements of governing legislation?

Source: Advocacy Centre for the Elderly. For more information about this organization, visit www.advocacycentreelderly.org

Sample #5

Residents' Rights Poster



Source: www.aphasia.ca
A small individual copy of the poster may be printed from our website (www.aphasia.ca), in either black and white or colour.

Tip #6

Getting Started

There is no one method for beginning the journey toward diversity and inclusiveness. Each organization and individual may embark on this journey from different points of departure and with different estimated times of arrival. Achieving organizational diversity and inclusiveness is a developmental process. Most organizations and their personnel are at various levels of awareness and stages along the diversity and inclusiveness continuum. The following chart summarizes many of the ideas presented in parts 1 and 2 of the toolkit for the purposes of helping you get started.

WHAT YOU CAN DO	HOW YOU CAN DO IT
Ensure that your organization has a mission statement that commits to diversity and inclusiveness as an integral component of all its activities	• Conduct an environmental scan, internally and externally, to examine other organizations and community demographics to decide how to approach diversity • Have organizational leaders incorporate diversity and inclusiveness into the strategic plan
Convene a diversity and inclusiveness committee or task force in your organization	• Ensure the committee is representative of the home population and has representation from all levels. Have the committee identify initiatives that promote diversity and inclusiveness and help with their implementation and evaluation (see Sample 11 for a sample Terms of Reference)
Network and dialogue with similar organizations that have begun the journey toward developing and implementing diversity and inclusiveness	• Learn from others and adapt practices and processes to suit your organization's needs and interests
Conduct a comprehensive diversity and inclusiveness agency self-assessment	• Conduct an organizational review or an audit of the organization's activities and capacity for diversity (see Tool 3 for an organizational assessment tool) • Use the results of this review to develop a long-term plan (with measurable goals and objectives) to incorporate cultural competence principles, policies, structures and practices into all aspects of your organization or program, including the following: mission statement, strategic plan, policies, procedures, administration, staffing patterns, service delivery practices and approaches, outreach, telecommunications and information dissemination systems and professional development activities

Tip #6 (cont.)

WHAT YOU CAN DO	HOW YOU CAN DO IT
Identify the cultural, linguistic, racial and ethnic groups in the community where your organization is located	• Invite guests from other cultures or organizations into the home; start with open house and nurture partnerships and alliances at various levels. Encourage information presentations by guests
Engage your organization's personnel in discussions and activities that offer an opportunity to explore attitudes, beliefs and values related to cultural diversity and diversity and inclusiveness	• Have staff use the staff self-assessment tool (see Tool 19) • Ask staff members to identify their learning needs and interests
Gather and organize resource materials related to health care and culturally diverse groups for use by the organization and program personnel	• Include materials on the characteristics of various cultures, how and where to find translation services, information about religious practices
Network with individuals and organizations concerned with seniors and focus on diversity and inclusiveness programs and services	• Establish and maintain contacts for advice, information and answers to questions • Join the activities of other organizations, such as festivals, fundraising campaigns or special events • Volunteer to sit on the committees of other organizations • Invite other individuals and organizations to participate similarly in your organization
Build and use a network of natural helpers, community members and other "experts" who have knowledge of the cultural, linguistic, racial and ethnic groups served by your organization or program	• Remember that people are the most important resource to achieving diversity and inclusiveness; include volunteers, families, cultural associations, faith groups, social clubs etc.
Use other resources for information and ideas	• Use websites, catalogues, data gathering

Source: Derived from Organizational Cultural Competence: Self-Assessment Tools for Community Health and Social Service Organizations, *www.socialsciences.uottawa.ca/crcs/pdf/organizational_cultural_competence_21-12-2005.pdf*

Additional Resources: Community Tool Box, *University of Kansas, http://ctb.ku.edu/tools/enhancecompetence/index.jsp*

Tip #7

Planning for Staff Development

Staff education is one of the most important tools in managing diversity. However, the new knowledge and skills need to be implemented and included in the performance management program.

Diversity training objectives differentiate between *awareness training* and *skill and knowledge development*.

- *Awareness* is the understanding that culture is shared — the common experiences and underlying values that shape the way we interact in our daily lives. It is an understanding that each culture has its own unique and different communication style, attitude toward conflict, approach to completing tasks, decision-making style, attitude about emotional and personal matters, and way of learning things.
- *Knowledge and skills* means having basic respect for self and others and the ability to put strategies in to practice that address each of the unique differences (above). It is demonstrated through delivery of culturally relevant care and services.

Awareness training

In a 30-minute awareness training session, spend a few minutes allowing staff to share information about their own culture and stories, if they are willing.

Acknowledge that we all have a culture, whether our origins are Manitoba or Ontario, India or Estonia. To truly understand each other, we need curiosity, empathy, interest and a willingness to ask, listen and learn.

- Assist staff in becoming part of the evolving culture in the organization rather than trying to fit staff in to the existing culture.
- Provide with a historical overview of immigration. Most people fail to realize that as a nation, many different nationalities have chosen to immigrate to Canada.
- Promote the idea that using one's own language is not necessarily intended to exclude others; rather, it is used to include those with whom a person feels safe.
- Use personal quiz for self-assessment tool, stories and scenarios within the toolkit
- Use group activities or presentations (e.g. DVDs) to highlight attitudes or behaviours that show disrespect for and a lack of understanding of people from other cultures.
- Use group activities to help participants see and understand what they have in common (see Section 4, References, for examples).

Tip #7 (cont.)

- Use stories from the residence or the toolkit to illustrate particular situations where lack of awareness and understanding were the issue (see Section 2, Stories).
- Incorporate celebrations and events into training opportunities such as potluck meals and sharing of cultural food, wearing traditional clothes, slide shows from home countries.

Knowledge and skills training

- Teach communication techniques related to interpreting what is being said and how it is being said by a person from another culture, and how to respond in a way that is supportive and where neither party feels defensive (see Tip 8 for more information on respectful communication).
- Teach the cultural and religious practices of residents the staff will be involved with, especially practices related to personal care (bathing, grooming, dressing, eating and male/female roles) (see Section 5, Countries and Cultures Information Sheets).
- Teach ways to communicate — verbal and non-verbal — with residents who speak a different language (asking families for key phrases, pictographics, gestures, cues, facial expression, touch).
- Teach conflict-management strategies (see Tip 22).
- Teach interpretation techniques if staff members are to act as interpreters (see Tip 9).
- Offer classes in residents' languages or English as a Second Language classes, as well as incentives to attend.

Teaching the Use of Story Telling

The use of storytelling can be incorporated into staff orientation and in-services on care. The class can be a stand alone on the topic or it may be incorporated in to techniques for assessment, monitoring and evaluation. Objectives may include:

- What is storytelling and why it works.
- How and when to use story telling.
  - Awareness of our own communication characteristics-verbal and non verbal style and what is needed for story telling approach
  - Awareness of communication characteristics of the other person (culture, religion) and how to interpret the cues as the resident tells the story
  - Interpreting through the story teller's values and culture; not our own
  - Active, genuine listening, willingness to hear the message without judgement; not interrupting

Tip #7 (cont.)

- Open and closed questions
- Empathy
- Feedback between you and the storyteller
- Use of interpreters-culturally familiar
- Use of tools such as pictures, dictionary to support the story telling
- Clarifying and summarizing what has been told in the story

Methods used: role play, small group exercises involving story telling with resident and staff to practice the skills.

Source: Concepts derived from various resources and practices described by our contributors.

Training Manuals

U.S. National Multicultural Institute

- Training manuals: www.nmci.org/store/manuals.htm
- Case studies: www.nmci.org/publications/case_studies.html
- *Tips and Tools for Building a Diverse Workplace:* www.nmci.org/store/manuals.htm#tips_tools
- Catalogue of publications: www.nmci.org/publications/index.html

Training Videos / DVDs / CDs

- *Diversity Challenges: What Would You Do?* (free online previews): www.business-marketing.com/store/diversity.html
- *The Diversity Game* (computer or hard-copy game): www.diversityconsultingcompany.com/products_game.html
- *How to Deal with Cultural Diversity in the Work Place — Revised!*: www.rctm.com/Products/diversitydisabilityProducts/diversitydisability/6408.htm
- Video, DVD, computer and print-based training packages, including diversity: www.electrolab.ca

Tip #8

Respectful Communication

TIP	SUGGESTIONS
Respectful choice of words	• Language has a significant impact on the quality of our interactions with others and the creation of an inclusive environment • Think about the words and phrases you use and how they give consideration to the culture, language and religion of the other person or group • Be careful not to exclude others, even unintentionally • Use "person first" language (e.g., *elderly people* rather than the *elderly, person* who is deaf rather than the deaf). When referring to a disability, ensure it is relevant • Be very careful with use of humour (avoid puns/double meaning, etc.)
Cautious use of qualifiers	• Avoid implying that all members of specific ethnic groups or races are the same (e.g. suggesting that all persons of a certain ethnicity are good at athletics or mathematics) • If you specify race or ethnic origin, be certain it is relevant to the discussion • Avoid language that has derogatory racial or ethnic connotations (e.g. "you people" or "those foreigners")
Asking questions	• Ask one question at a time (e.g. "Do you want to go to the bathroom now?" *not* "Do you want to go to the bathroom now or after the activity?") • Use open-ended questions whenever you can (the person has to use more words than *yes/no* to respond; *yes* can be a polite *no* in some languages) • Avoid asking "Do you understand?" Many people will say yes rather than look ignorant by repeatedly saying no • Avoid using negative questions (e.g. "Aren't you going?") It may be difficult for the person to know whether to answer yes or no • Check your understanding; ask if what you heard was what the person intended to say • Be careful of tone of voice and avoid over repeating or simplifying too much

Tip #8 (cont.)

Verbal communication	• Pay particular attention to people's names; they are the one personal, unique thing we have • Use the person's title and last name until you are invited to use a first name (Mrs. Wong, Mr. Smith, Miss Tapakon) • Make an effort to pronounce different names. It ***is*** possible to learn, and do not create nicknames or say the name is "unpronounceable" • Learn a few key phrases in the other person's language, such as "hello," "goodbye," "thank you." Ask other staff members or the resident's family to help • Slow down, use simple words, speak clearly and rephrase important points • Keep your voice down; a loud voice does not help the other person's understanding. Instead, he/she may think you are angry • Do not do all the talking — listen more • Give the speaker encouragement and moral support • Do not be impatient with seemingly slow responses
Non-verbal communication	• Over 60% of communication is non-verbal and happens through gestures, facial expressions, tone of voice, eye contact, posture, physical contact etc. • Non-verbal communication is so important that when verbal and non-verbal messages conflict, we tend to believe the non-verbal. "He said that he was glad to see me, but he sure didn't look like it." • Each culture and country has its own non-verbal communication styles. • Become aware of your own non-verbal communication. It helps you observe the non-verbal communication of other people • Don't hesitate to ask how the other person communicates non-verbally, what you should avoid doing, and what would be nice for you to do • Share and compare your non-verbal communication with a person from another culture

Source: Concepts derived from Community Tool Box, *University of Kansas, http://ctb.ku.edu/tools/enhancecompetence/index.jsp*

Axtell, Roger E. Gestures. The DO's and TABOOs of Body Language Around the World. New York: John Wiley & Sons, 1998. ISBN 0-471-18342-3

Additional Resources: Inclusive Communication, Tool Box on Harassment, Discrimination and Bullying, McMaster University Human Rights and Equity Services Office, www.mcmaster.ca/hres/flash/McMaster2005.swf

Tip #9

Suggested Guidelines for Using Interpreters

Guidelines for using professional interpreters

Selecting an interpreter

- Select an interpreter whose cultural background is similar to the resident's whenever possible, and one who understands seniors.
- Use the same interpreter with the resident whenever possible to maintain consistency.

Preparing for the visit/meeting

- Meet with the interpreter prior to the encounter to brief him/her on the goal of the visit.
- Allow extra time for the interpreter to meet the resident.
- Arrange seating in a triangle so that the resident and caregiver are facing each other directly and the interpreter can see both.
- As the caregiver, address the resident directly when asking questions — not the interpreter.

During the visit/meeting

- Ask only one question at a time.
- Avoid complex sentences and jargon when offering explanations or answering questions.
- Request that everything anyone says be interpreted.
- Be aware that some concepts in English may not be part of the resident's culture, and the interpreter must paint a picture; this will take longer than your original speech.
- Ask the interpreter for a literal translation of what the resident says to ensure the interpreter does not add, delete or coach the resident on how to respond.
- Encourage the interpreter to ask questions and alert you about potential cultural misunderstandings.
- Respect an interpreter's judgement that a particular question is culturally inappropriate and either rephrase it or ask the interpreter's help in eliciting the information in a more appropriate way.

Following-up the visit or meeting

- Debrief with the interpreter at the end of the visit to ensure that no gaps in communication remain.

Tip #9 (cont.)

Guidelines for staff acting as interpreters

- Identify the staff that speak languages of residents in the home and are willing to act as interpreters.
- Provide basic skill training for the staff who are willing to act as interpreters.
- Schedule staff interpreters in advance so that their regular routine can be accommodated.
- Follow the guidelines above regarding processes for preparing, during and follow up.
- Be aware that staff may feel obliged to help with someone from their own culture and yet feel time constraints and workload pressures as a result of providing this help.

Guidelines for volunteers acting as interpreters

- Recruit volunteers who are experienced interpreters.
- Identify volunteers who speak languages of residents in the home and are willing to act as interpreters.
- Select volunteers from relevant linguistic groups who have knowledge of the culture, health care terminology and can remain objective.
- Provide basic skill training for volunteers who are suitable and willing to act as interpreters.
- Schedule volunteers in advance whenever possible.
- Be aware of the fact volunteers may become socially and emotionally involved with the resident and/or the topic being discussed, which may affect their ability to interpret objectively.
- Ensure confidentiality pledges are signed by volunteers.

Guidelines for family acting as interpreters

- Family members are truly valuable when speaking on behalf of the resident regarding day to day needs and interests (e.g., "My mom says she needs to go to the bathroom," or "My dad tells me he would like to go to the sing-along program") however when interpretation of a conversation between the resident and another person that involves providing information, making decisions or negotiations it is important to access a skilled and suitable person to translate.
- Be aware of the potential of conflicting interests between the resident and family members, and whether there are particular topics to avoid if a family member is interpreting.
- Be aware that staff, family members may not know clinical terminology or a particular dialect, potentially leading to misunderstandings.

Tool #10

Staff Language Survey

Our organization wants to provide good service to residents whose English is not sufficient for addressing their needs. We know that our staff can speak a number of languages. Therefore, we would like to map out how we may tap into this wonderful resource. Please review and complete the enclosed survey if you are interested in interpreting for residents, their families and other staff. We will provide you with the necessary training and guidance. Please note that participation in this survey is voluntary.

1. What language(s) do you speak, understand, could interpret in, read or write (besides English)?

Language: _____
❑ Speak ❑ Understand ❑ Interpret ❑ Read ❑ Write

Language: _____
❑ Speak ❑ Understand ❑ Interpret ❑ Read ❑ Write

Language: _____
❑ Speak ❑ Understand ❑ Interpret ❑ Read ❑ Write

2. As the need for an interpreter can arise at any time, please indicate when you would be available.

❑ Scheduled work hours
❑ Daytime hours
❑ Evening hours
❑ 24 hours per day
❑ 7 days a week
❑ Preferred days (please list)
❑ All of the above

Phone number at home: _____

Phone number/extension at work: _____

Tool #10 (cont.)

3. Would you be interested in being a "cultural diversity champion," actively promoting a welcoming environment to residents and staff? If yes, please note your preference:

   - ❑ On your unit
   - ❑ Throughout the home
   - ❑ For the organization

4. If you are interested in sharing facts about your culture and language with your team, with the home, or with others in the organization (e.g. sharing stories over coffee or a traditional meal), please indicate your interest below.

   - ❑ About your country
   - ❑ About the people of your country and culture
   - ❑ About life in your country
   - ❑ About significant events that have affected your life and that may have affected the lives of other residents
   - ❑ About favourite foods
   - ❑ About festivals and celebrations
   - ❑ Other

5. If there is any additional information you would like to offer, please provide it here.

_____

_____

_____

_____

_____

Source: Derived and created based on input from the contributors and literature

Sample #11

Terms of Reference for a Diversity Committee

Purpose

The diversity committee's purpose includes the following:

- Promoting the value of diversity at the organizational and individual levels.
- Helping the organization and individuals move from cultural sensitivity and awareness to cultural competence through sharing and knowledge, managing differences and integration of diversity practices.

Membership

The committee's membership reflects the cultural, linguistic and religious make-up of the residence, as well as its community partners and volunteers. All levels of staff must be represented on this committee.

Accountability

The committee is accountable for providing a measurable diversity plan for the organization. It reports to the governing body through senior management.

Functions

The committee's functions include, but are not limited to the following:

- Regular environmental reviews (internal and external) to ensure inclusiveness.
- Establishment of a framework for integrating dimensions of diversity and inclusiveness into all aspects of the organization.
- Support for the planning, implementation and evaluation of diversity activities.
- Recommendations regarding orientation and educational processes and strategies for residents, staff, volunteers and families.
- Monitoring the impact and implementation of diversity-related policies.
- Recommendations for working groups or task groups for time-limited projects.

Source: Derived based on practices described by contributors.

Additional Resources: Organizational Cultural Competence: Self-Assessment Tools for Community Health and Social Service Organizations, *www.socialsciences.uottawa.ca/crcs/pdf/organizational_cultural_competence_21-12-2005.pdf*

Tool #12

Human Resources: Diversity Practices Worksheet

In taking steps to becoming a culturally competent work environment, there are several ways to achieve success, and many considerations as you go. The following chart summarizes key points for strengthening your human resources practices and building cultural competence into your organization.

ACTIONS	CONSIDERATIONS	STATUS
Recognizing possible barriers to recruitment, hiring, promotion and retention of staff members of diverse cultural backgrounds	• Language barriers/lack of translation capacity • Ability to be objective throughout the process • Lack of training for staff who want to improve and/or increase opportunities for promotion • Collective agreement(s) • Seniority • Lack of awareness of cultural and linguistic makeup of the resident or staff population	
Advertising employment opportunities (paid and volunteer) in alternative media outlets, as well as at social clubs or places of worship	• Where to advertise • How to word the ads to be in keeping with the communication characteristics of the culture • Culture-specific media outlets • Different approaches to responding to job advertisements	
Advertising employment opportunities (paid and volunteer) using appropriate language based on the demographics of the service area	• Translation of advertisements into relevant languages • Involvement of community partners in developing the most suitable wording for an advertisement • Use of other culture-specific ads as a model	
Exploring attitudes toward diversity and the cultural and linguistic skills and knowledge of candidates	• The interviewer's understanding of his/her own values, beliefs and biases • Creating skill- and behaviour-based questions that also assess degree of openness in attitude • Evaluating responses with an understanding of verbal and non-verbal communication styles in the culture of the interviewee.	

Tool #12 (cont.)

ACTIONS	CONSIDERATIONS	STATUS
Ensuring that hiring staff are familiar with characteristics of communication in various cultures	• Correctly interpreting the handshake, level of eye contact, body language, tone of voice, use of personal space and question answering • The possible history of the candidate, such as refugee status, and how this history may affect responses to questions	
Ensuring that position descriptions and performance expectations for all staff include awareness and knowledge of skills in cultural and linguistic competence	• Understanding concepts of diversity and inclusiveness • Ability to work with various cultural groups • Ability to communicate with others who speak a different language • Knowledge and application of conflict resolution skills • Willingness to use cultural and linguistic abilities to enhance roles and responsibilities	
Building cultural competence into the performance review process using positive indicators	• How a staff member incorporates sensitivity and awareness practices into his/her daily work routines. • The application of cultural and linguistic skills and knowledge in day-to-day duties (with residents and other staff) • Observations and resident input • Incorporating feedback from residents, families, staff or team members in the performance-review process • Observing and acknowledging interest and participation in formal training/ learning about cultures and languages • Observing and acknowledging participation in informal diversity-related activities	

Tool #12 (cont.)

ACTIONS	CONSIDERATIONS	STATUS
Providing pre-employment training and ongoing professional development/training to ensure understanding and acceptance of the values, principles and practices for achieving cultural and linguistic competence	• Orientation objectives and content include diversity and inclusiveness • Education department or service delivery team goals include diversity and inclusiveness • In-service topics and content (e.g. culture, race and ethnicity, are incorporated into staff training on other topics) • The organization's culture and related policies form the basis for staff education and training • Printed materials are available for follow-up and reinforcement of learning • In-service attendance and participation records are kept and acknowledged in performance review process	
Providing orientation, mentoring, training and other supports for all volunteers to ensure understanding and acceptance of values, principles and practices for achieving cultural and linguistic competence	• Policy exists and is communicated that volunteers are expected to learn about the culture of the home • Volunteers receive general orientation to the home and its culture, as well as specific orientation to the role they will be fulfilling in the organization • Volunteers know whom to speak to if they have questions or require support in working with people of cultures other than their own • Records are kept about training topics covered and who attended	
Providing staff the opportunity to learn a relevant language	• English as a Second Language classes offered so employees can communicate more effectively and become eligible for promotion • Writing classes for staff so they can compete for positions that require documentation • Learning key phrases in other languages to better understand the people they work with	

Tool #12 (cont.)

ACTIONS	CONSIDERATIONS	STATUS
Providing informal opportunities for staff from various cultures to learn from each other	• Hold diversity events with staff that could include several of the activities listed below. – Dressing in traditional clothing and bringing in artifacts from their culture – Sharing samples of cultural food or potluck meals – Providing passports to staff of different cultures and using a map of the various countries and their locations – Using storytelling and presentations	
Providing training that includes empathetic listening and communication styles that work across cultures; mentorship; and behaviour modelling	• Knowing how to initiate a conversation and express the information clearly with people from cultures other than their own • Knowing how to listen and understand various cultures • Knowing how to act on the information	
Providing additional training for staff members who work with residents of a specific culture. Celebrating success and achievement among staff and volunteers	• Working with residents, families, community partners and volunteers in specific cultural groups to support the training • Timing and availability of staff • Staff interests and abilities • Delivering the training through the most effective methods • Mentoring and coaching • Use of lessons learned in day-to-day work routines • Recognizing success through celebrations that may including the following: – Sharing culture-specific food, dances and/or attire to celebrate sensitivity and awareness among staff, residents, families and volunteers – Acknowledging achievements such as developing a language skill, teaming up with caregivers from other countries – Recognizing staff and volunteer contributions to resolving a problem or conflict, introducing a new practice	

Source: Compilation of practices described by contributors.

Reference: Turkwych, Christine, PhD, and Helena Guerreiro-Klinowski, MA. Intercultural Interviewing: They Key to Effective Hiring in a Multicultural Workforce. *Hull, Quebec: International Briefing Associates, 1992.*

Additional Resources: Embracing Diversity in Health Care: Developing Cultural Competence, *Registered Nurses Association of Ontario, www.rnao.org/bestpractices*

Tip #13

Advertising Job Vacancies

When creating a job advertisement to reach individuals who are from another (non–English speaking) culture, here are some pointers:

- Keep the mission statement in mind.
- Use simple language.
- Avoid jargon.
- Provide some basic information about the eldercare system.
- Keep the ad straight forward and clear conceptually.
- Ask a knowledgeable person representing that culture for advice regarding language, tone, content.

Where you advertise is also important. Suggestions from the field:

- Local ethno-cultural newspapers.
- Church newspapers.
- Social clubs.
- Places of worship.
- Store postings in the neighbourhood.
- Media (e.g., relevant cultural cable TV, radio, newspapers, Internet).

Source: Derived and created from practices and ideas provided by our contributors.

Following are some suggested advertising websites to reach a broader audience:

- www.settlement.org: information for new immigrants and employers.
- www.charityvillage.com: a site that specializes in advertising job postings in non-profit organizations.
- www.mediajobsearchcanada.com: a listing of cultural newspapers, radio and TV stations across Canada where job opportunities can be posted.

Tip #14

Hiring Process

"Hire an open attitude, train for the job"

How can you hire the right person when dealing with applicants from different cultures, or with applicants who will be expected to work in a diverse labour force? How can the interviewer learn about the person enough to ensure the right attitude for a good match with the organization's culture? Here are some tips for the hiring process that are attentive to the issues of diversity and inclusiveness.

Self-awareness

- Be aware of your own values, beliefs and biases (see Tool 17).
- Understand your cultural approach to the entire recruitment, interviewing and selection process.
- Review your own level of sensitivity and awareness related to diversity and inclusiveness within your organization (see Tool 19).

Preparing for the interview

- Be aware of your organization's mission statement and core values, policies and practices related to diversity and inclusiveness.
- Be aware of the scope and limitations of interviewing candidates for positions (human rights legislation, collective agreement, organizational policies etc.).
- Review currently used questions to ensure they are suitable for diverse applicants and explore attitudes toward working with people from other cultures (residents and other staff). For example, do they help find out what the person's attitudes are about people from other countries, how they describe the work experience with people from different backgrounds, how they view conflict, how open they are to learning about other cultures and adjusting their opinion and approach, and what they have learned about their experiences.
- Review applications and resumes and note any references to culture or language that may be relevant for the position the candidate is seeking.

Tip #14 (cont.)

- Use a pre-designed system to allocate points for interview questions to be objective and minimize personal bias. Ask the Diversity Committee to review the interview questions and proposed point system.
- Prepare questions about conflict management — keep in mind that the applicant's way of managing conflict may be cultural. Also, prepare situational questions that explore strengths related to conflict management. For example, ask about a time they had difficulty with a co-worker, a family member or a resident from a culture different than their own, or a time they had to exercise self-control in a conflict situation.
- If the cultural background of the candidate is known, prepare for the interview by familiarizing yourself with cultural norms and communication characteristics of that culture (see Section 5, Countries and Cultures Information Sheets).

Conducting the interview

- Be aware of the significance of the verbal and non-verbal communication traditions of the interviewees. Be careful to interpret gestures as accurately as possible. For example, lack of eye contact may not mean shyness but respect; silence after a question may be a sign of respect.
- Be objective during the interview, ignoring any preconceived ideas about representatives of particular cultures.
- Set a relaxed tone and ask skill-related questions early. Then, follow with attitude questions using various approaches, including open and situational questions.

Reference: Turkwych, Christine, PhD, and Helena Guerreiro-Klinowski, MA. Intercultural Interviewing: The Key to Effective Hiring in a Multicultural Workforce. *Hull, Quebec: International Briefing Associates, 1992.*

Tool #15

Self Assessment: Manager

For each item listed, enter **A** for "things I do frequently"; **B** for "things I do occasionally", or **C** for "things I rarely or never do."

STATEMENT	A, B, C	COMMENT
I ensure the printed and posted information in my work environment reflects the diversity and literacy of residents, tenants, staff and volunteers or families to whom I provide service either directly or by providing input on my observations to my supervisor/manager		
When interacting with residents, tenants, staff, volunteers and families who do not speak English fluently, I keep in mind the following: • A resident's or a staff member's fluency in spoken English does not necessarily reflect his/her level of reading English or his/her skills in his/her native language • A limited ability to speak the language of the dominant culture has no bearing on a person's ability to communicate effectively in his/her mother tongue • Limitations in English fluency do not reflect mental ability		
I ask bilingual and/or bicultural staff trained in interpretation to act as interpreters when the resident asks for one		
I attempt to learn and use key words in the language(s) of residents, staff and volunteers to show my interest in them and communicate with them		
I watch out for the cultural context when discussing illness or other personal issues, and try to be respectful in my interactions		
I provide alternatives to written communication, such as telephone or face-to-face meetings if required or preferred		
I understand and accept that family is defined in many different ways by different cultures		

Tool #15 (cont.)

STATEMENT	A, B, C	COMMENT
I consider age, gender and lifecycle factors such as the roles of the eldest family member, the role of males in some cultures, and cultural beliefs and practices related to different generations' place of birth or education in my interactions with residents, and families		
I accept and respect that male-female roles may vary among cultures and ethnic groups: for example, who gives advice and makes decisions		
I understand that the perception of aging, health, wellness and provision of care have different meanings to different religious, cultural or ethnic groups		
I accept that religion and other beliefs may influence how residents, staff and volunteers and families respond to aging, illnesses, disease and death		
I understand that approaches to grief and bereavement differ by culture		
I seek information and help from residents, families or other knowledgeable persons in order to respond to the needs and preferences of the diverse individuals in the organization		
I know and use the available information about health and end-of-life practices in the religions and cultures that are represented in our organization		
I recognize and accept that residents, staff and volunteers from diverse cultural backgrounds may or may not wish join in activities that are intended to build the culture of our organization		
I avoid imposing my values on residents and other staff		
I intervene in a respectful yet effective manner when I observe other staff, residents or volunteers engaging in behaviours that are not culturally competent		

Tool #15 (cont.)

STATEMENT	A, B, C	COMMENT
I screen resources (e.g. written, electronic) for cultural, ethnic or racial stereotypes and/or inclusion before sharing them with residents, staff, volunteers and families		
I participate in professional development and training to enhance my knowledge and skills in providing services and supports to residents belonging to diverse religious, cultural and linguistic groups		
I advocate for and develop policies and procedures and performance goals that promote diversity and inclusiveness principles and practices		

If the majority of your answers is A or B, you are progressing beautifully on your journey to cultural competence. If you frequently responded C, you may want to explore further training and support to be able to better promote cultural competence in your activities and interactions.

Source: Derived from National Centre for Cultural Competence, Georgetown University.

Tip #16

Tips for Family Members: Supporting Care and Service Delivery

There are a number of ways that you can help your family member in the transition to living in a residential setting for seniors. These strategies can also support the staff providing care to your loved one.

At the Time of Admission:

Acknowledge your own feelings about the move to a seniors' residence. Is it loss, relief, a mix of both, or something else?

Think about the role you would like to play now that your parent, spouse or family member is in the residence. Let the staff know how you would like to be involved as a caregiver while trusting the staff to provide the necessary care.

Following Admission and Ongoing:

Be prepared to be a supporter and a visitor, helping your family member maximize the normalcy in life. This can be achieved by:

- Offering to help at meal times.
- Providing information about favourite foods of your family member and/or recipes from your culture.
- Finding out about the Family Council and the Residents' Council.
- Asking if there is a diversity committee and who to speak to about participation.
- Taking your family member on an outing or home for a visit or a favourite meal.
- Asking about having family/cultural celebrations in the home; invite staff and residents.
- Talking to a manager about bringing in special, favourite foods, who to give them to or how to store them.

Decorate the room in a way that reflects who the resident is, their cultural background, talents, interests and life experience. For example:

- photos or awards of the person's accomplishments
- crafts or items they may have made
- photos of key events or favourite people
- samples of collections or cultural artifacts, folk art, crafts
- gifts or art that grandchildren may have given
- items that bring nature to the room, like plants or flowers (if safe for the resident)
- examples of traditional cultural clothing or symbols

Tip #16 (cont.)

Talk with staff to help them get to know your family member as a new resident. For example, share the information during the initial family conference (if the residence offers this way of communicating with families). For example, you could share:

- key events in their life (role in family, jobs, volunteer activities, key accomplishments and life changing activities, a move to Canada, or a traumatic event, etc.)
- likes and dislikes, such as favourite foods (and recipes), music (CDs, TV shows and channels), hobbies or crafts (including providing the required supplies for these activities)
- special routines or preferences with hygiene or personal care,
- successful strategies to overcome difficulties with speech, memory, hearing or behavioural challenges
- tips to communicating (verbal and non-verbal) with your family member, especially if non-English speaking resident
- translate and write out a few important words; provide pictures with the word explaining the picture and spelled phonetically in the resident's language
- offer to attend a meeting (or write a note about) about the resident's cultural background, spiritual or religious beliefs and practices.

Reach out to other residents, their families and the staff:

- Learn more about the people, create alliances with other residents, learn about the cultural backgrounds of residents and/or their families
- Investigate routines and programs available. See if these can be tailored to some of the games or crafts your family member prefers (e.g. Mah jong or Origami)
- Get involved with a Family Council or volunteer committee if this is an option
- Learn about any upcoming multicultural events and offer to participate in the event
- Establish ongoing communication with staff
- Keep in regular contact either when you visit or if you live too far away by phone and email
- Ask staff about needed personal items such as clothing or magazines that can be brought or purchased
- Request more informal meetings with staff as needed, in addition to the standard of Family Conferences at least once a year to exchange information and aid the care planning process

Tool #17

Self Assessment: Hiring Manager

You are in a key position to set the stage for diversity and inclusiveness as you speak about the organization's values of diversity and respect. You also demonstrate them in your own behaviour throughout the recruiting, hiring and orientation processes. Do some self-reflection and answer the questions provided here. Hopefully, they will help you identify your strengths and challenges when hiring diverse workforce.

Answers may include "yes," "no" or "needs attention." If you have more "no" or "needs attention" than you expected, use the responses as an opportunity to look through the information in this toolkit, seek mentors or take courses to develop your skills as a hiring manager.

QUESTION	YES, NO, OR NEEDS ATTENTION	COMMENT
Am I willing to hire individuals who are culturally different from me and my co-workers?		
Am I willing to be challenged by these differences?		
Do I value differences as a source of creative energy?		
Am I willing to reassess my assumptions about individuals from different cultural groups?		
Am I willing to reassess my assumptions about the interview process and adjust them to attract culturally diverse candidates?		
Am I willing to learn about how individuals from various cultural and linguistic groups communicate and how to interpret their verbal and non-verbal communication styles?		
Am I unconsciously blocking hiring people from a multicultural labour pool?		

Tool #17 (cont.)

QUESTION	YES, NO, OR NEEDS ATTENTION	COMMENT
Am I seeking individuals who have the required skills and knowledge and fit into the organizational culture rather than hiring for skill sets, and an open attitude that enables the individual to participate in the evolution of the culture of the organization?		
Am I willing to dedicate time for mentoring and training a person from a different culture who is not accustomed to the Canadian way of doing things?		
Am I aware of any stigmas that are associated with the sociocultural group that I most closely identify with?		
Am I aware of how my perceptions about work routines and behaviours differ from those who come from other cultural backgrounds?		
Am I aware of my attitudes toward people: • Who have difficulty with the English language • Who have an accent or are difficult to understand • Who have a cultural background that is different from my own • Who are immigrants from particular countries		
Am I aware of how my health care choices and practices are different from those in other cultures?		
Am I aware of how my beliefs about practices such as western medicine and alternative or complementary health care influence my work?		
Am I aware of how effectively I communicate with workers of different cultural backgrounds when: • Providing basic information on work routines and expectations • Acknowledging their opinions • Acknowledging how they can express concerns • Explaining how problems are solved • Managing conflict • Acknowledging their efforts		

Tip #18

How to Build Relationships with People from Other Cultures

There are many ways to learn about other people's cultures and build relationships at the same time. Here are some steps you can take:

1. Decide that you are open and that there is "no one right way" to be and do things.
2. Be ready to become an "active listener".
3. Make a conscious decision to establish friendships with people from other cultures.
4. Put yourself in situations where you will meet people of other cultures.
5. Examine your biases about people from other cultures.
6. Ask people questions about their cultures, customs, and views.
7. Read about other people's cultures and histories.
8. Ask and listen to people tell their stories.
9. Notice differences in communication styles and values; don't assume that the majority's way is the right way.
10. Risk making mistakes.
11. Learn to be an ally and a champion.

Source: Derived from Community Tool Box, University of Kansas, ctb.ku.edu

Additional Resources: Lewis, Richard D. When Cultures Collide: Leading Across Cultures. *3rd ed. Boston: Nicholas Brealey International Publishing, 2006.*

Tool #19

Personal Quiz

Take a few minutes to answer the quiz questions honestly and think about some strategies to address areas needing work. Use Tips 8 and 20 to get started. Note: This is for you only; none of it needs to be shared with others.

ASK YOURSELF	YES OR NO, AND NOTES TO MYSELF
Am I aware of my values, beliefs and feelings about people who are different from me?	
When it comes to my feelings about working with people who are different from me, do I truly behave respectfully, or I just "talk the talk"?	
Do I respect the values and beliefs of others?	
Do the different values of others make me feel uncomfortable or defensive?	
Do I try to identify the causes of behaviours that seem unusual to me?	
How do I react when persons from different cultures are ambiguous or contradictory?	
Do I understand cultural customs, and am I judgmental when observing others from cultures different from mine?	
Am I able to pause and ask myself why a behaviour or action bothers me?	

Source: The Community Tool Box *http://ctb.ku.edu*

Tip #20

Tips for Individuals

For each individual, embracing diversity means development of the following competencies and behaviours.

The goals are as follows:

- Be open-minded, inclusive and respectful of all colleagues and residents or tenants.
- Be co-operative with others and address barriers to equity and diversity, build environments in which every person's contribution is valued.
- Be able to refuse to participate in discrimination, harassment or bullying, and address such issues in a way that will effect change.

Strategies

- Learn to embrace diversity in individuals. Know how you react to others who are different from you. Use self-assessment tools to understand your strengths and needs for learning. (See Tools 15 and 17).
- Understand your own values/beliefs, incorporating feedback from others.
- State your own views of differences among people (e.g. different opinions, different world views, different races, different values, different views of society) so that others understand your values and beliefs.
- Continually explore and seek feedback. Through reflection and feedback, identify how your own biases, personal values, and beliefs affect others.
- Explore and understand how cultural behaviours differ among staff, volunteers and residents and how that affects the workplace.
- Explore and understand how you feel about working with staff, residents and others who have different cultural backgrounds, behaviours, belief systems and work practices.
- Be aware of how you react when situations (conflict) arise between you and others from diverse groups, and what you can do when the situation is not comfortable. (See Tip 22).

Tip #20 (cont.)

- Reflect and act on ways to be inclusive in all aspects of your role and responsibilities.
- Develop communication skills that promote cultural diversity and inclusiveness
  - Be aware of different communication styles and the influence of culture on communication
  - Be aware of one's preferred communication style, its strengths and limitations, and how it affects colleagues and the recipients of care.
  - Seek feedback from residents, tenants and colleagues, and participate in communication exercises (e.g. role-playing exercises, case studies).
  - Use a range of skills and methods to effectively communicate with clients and colleagues (e.g. empathetic listening, reflecting, non-judgmental, open-ended questioning).
  - Seek and participate in learning opportunities that focus on communication and diversity.
- Support organizational diversity and inclusiveness by acquiring knowledge of the cultural norms, beliefs and values relevant to residents, tenants and co-workers to foster understanding (see Sections 4 and 5).
- Access, use and partner with cultural resources.
- Recognize how culture and diversity influence behaviours and interactions.

Source: Derived from various literature and web sources.

Additional Resources: Diversity Central: Resources for Cultural Diversity at Work Series, Emotional Intelligence and Diversity: A Transformational Process for Professional Success and Effectiveness, www.diversityhotwire.com/diversity_practitioners/tips_techniques_07_03.html

Diversity and Social Inclusion in Primary Health care-Cultural Competence Workshop Report 16-17 June 2005.

Tool #21

Words and Phrases in Other Languages

Many homes have developed and translated lists of words and phrases, as well as pictographs, to help communicate with residents whose English is limited or who, due to dementia, have reverted to their native tongue.

Below is an example of such a list, generously provided by Suomi Koti Nursing Home in Toronto. The staff, many of whom come from other countries than Finland, report that the list has been very helpful in their daily interaction with the residents (most of whom have cognitive impairment or dementia).

The list may seem long, but not all staff members need to learn all the words. Rather, staff members from various departments can pick the words that apply to their work and activities with the residents. The basic rules for pronunciation could be communicated in a training session with colleagues who speak the language in question.

Other residences are welcome to use the list below as a starting point for developing their own lists.

COMMONLY USED WORDS AND PHRASES	
GREETING/APPRECIATION	
• Thank you — • You are welcome — • Please —	• Nice meeting you — • This is Mr/Mrs/Miss — • Fine, thank you. — • How are you? —
WEEKDAYS	
• Sunday — • Monday — • Tuesday — • Wednesday — • Thursday — • Friday — • Saturday —	• morning — • day — • evening — • week — • month — • year —

Tool #21 (cont.)

COMMONLY USED WORDS AND PHRASES	
BASIC TERMS	
• I — • you — • he/she — • me — • we — • you — • they — • it — • that —	• those — • who? — • what? — • which? — • where? — • down — • up — • out — • yes — • no —
DESCRIPTIONS	
• hot — • cold — • warm —	• good — • bad — • beautiful, pretty —
FOOD	
• food — • meal — • breakfast — • lunch — • supper — • snack — • water — • milk — • juice — • tea — • coffee —	• bread — • egg — • meat — • vegetables — • fruit — • sugar — • salt — • pancakes/crepes — • porridge — • dessert —

Tool #21 (cont.)

COMMONLY USED WORDS AND PHRASES

ACTIONS

- eat —
- swallow —
- close your mouth —
- drink —
- sleep —
- sit —
- wake up —
- walk —
- get dressed —
- get undressed —
- go to bed —
- have a rest —
- stand up —

HYGIENE

- clean —
- dirty —
- shower —
- bath —
- diaper —
- wash —
- toilet, washroom —
- pee is coming —
- poo is coming —
- poo already came —
- it hurts —
- come and help —
- would you please —
- to bath —
- to shower —
- let's wash —

PHRASES

- where are you going? —
- turn onto the other side —
- lie down —
- try to eat a little bit more —
- are you thirsty? —
- are you hungry? —
- would you like some more? —
- would you like some dessert? —
- here it is —
- is it? —
- it is —
- it is not —
- it's important —
- please show me —
- we would like to —
- what do you want? what would you like? —
- anything else? —
- what is wrong? —
- when? —
- where? —
- where are...? —
- where is it? —
- which one? —
- who? —
- why? —

Tool #21 (cont.)

COMMONLY USED WORDS AND PHRASES	
COUNTING	
• 1 — • 2 — • 3 — • 4 — • 5 — • 6 — • 7 — • 8 — • 9 — • 10 —	• 20 — • 30 — • 40 — • 50 — • 60 — • 70 — • 80 — • 90 — • 100 — • 1000 — • 2000 —

Source: Developed by Marja Cope

Tip #22

Preventing and Resolving Conflicts Involving Cultural Differences

Becoming a conflict-positive organization, viewing conflict as a positive change element, is an ongoing process that requires commitment. Dealing with inter-cultural conflict — how issues, other parties and their intentions are perceived — requires additional understanding, effort and training. What causes inter-cultural conflict?

- It may start with different expectations concerning appropriate or inappropriate behaviour in a particular situation.
- It is often caused by a lack of knowledge or misunderstanding about the cultural differences among people.
- There may be deep-seated hatred because of long-standing historical grievances that colour the attitude toward people from particular countries.

Dealing with conflicts that involve cultural differences

The cultures of the persons involved in the conflict determine how the outcome should be reached. It is to be noted that the culture of the conflict mediator will affect the process as well.

Each culture looks at conflict and negotiations differently. Some cultures are conflict-avoiding; others are conflict-tolerant. Gender and hierarchy may affect how conflict is addressed in some cultures. Also, besides the big-picture cultural approach to conflict, each individual brings his/her own, which is affected by family, tradition etc. A culturally diverse and inclusive organization must find means of embracing conflict management and address culture-based conflict efficiently and effectively. Being from a perceived minority or race may also affect a willingness to speak out and resolve conflict.

Tips

- Focus on the behaviour and the issue, not the person.
- Be willing to listen and learn.
- Avoid potentially accusatory language. (i.e. your are/do/always act, etc.). Supplement this with "I feel..." or "My understanding is/was..."
- Be aware of how different cultures approach conflict.
- Prevent conflict wherever possible by asking and listening, and address it when it occurs.

Tip #22 (cont.)

- Examine your own motivations and be willing to be sincere to the process.
- Listen sincerely and give your attention to the issue.
- Plan what to say and how to say it.
- Aim at a mutual win-win outcome.
- Acknowledge that not all conflicts in multicultural interactions are culture-based, even if culture can affect their resolution. Recognize and work with the underlying common humanity.
- Arrange a quiet place to meet and get the issue out in the open (pay attention to the direct or indirect approach of particular cultures; see Section 5, Countries and Cultures Information Sheets).
- Identify the real problem and arrange a face-to-face meeting.
- Admit your own areas of weakness related to the situation (e.g. what you may have contributed to the conflict could be a lack of understanding of the other's culture; perceiving communication as aggressive when that is not the intention).
- Don't assume you are right and everyone else is wrong.
- Don't assume that what is said is a personal attack.
- Negotiate in good faith; use humour with caution.
- Celebrate successful resolution.
- Remember that some conflict is healthy.

References:

Process of conflict management and negotiation: *Getting to Yes. Negotiating Agreement Without Giving In* by Roger Fisher and William Ury.

Conflict-reducing communication: *Nonviolent Communication. A Language of Compassion* by Marshall B. Rosenberg.

Tool #23A

Guidelines for Using Information Gathering Tool for New Residents

Preamble:

This tool was designed to assist staff members in talking to new residents about their culture, life experiences, and preferences in an open and receptive way. Typically, in the provision of health care services, clients are asked many direct questions about their health status.

In contrast to direct questions, this tool is intended to provide a more open-ended way of asking questions and finding out about a person's experiences, stories, cultural preferences, and interests.

With this information, the outcome can be that a resident and their family have a higher comfort level with the residence, improved staff understanding of the person's preferences, and therefore a more responsive, higher quality of care.

Some Guidelines for Using the Recording Tool

One recommended approach is to use the residents' stories as a means of gathering information and asking about and discussing personal matters. It allows the individuals time and space to talk about themselves in their own way.

This approach may seem time-consuming, but in fact it may save time in the long run; staff do not need to struggle with explaining questions.

To prepare for an interview, review the resident's application for information about his/her country of origin and his/her religion. You can then read some background information about that country and religion to familiarize yourself with the kinds of things the person might discuss with you. (see Sections 4 and 5). It is always important to keep in mind that knowledge about a country, culture and religion is only a starting point for learning about an individual.

Another step to prepare yourself is to review the questions and ideas for preamble included in this version of the tool (#23A). After this, you are ready to use the actual recording tool (#23B) that follows.

Tool #23A (cont.)

Information-gathering tool

Name (to be completed in advance):
Home (to be completed in advance):
Room # (to be completed in advance):
It is suggested that the interviewer explain to the resident or tenant (and family) the purpose of the information gathering:

"Our organization's goal is to provide care and services in a way that matches your/the resident's needs and customs as much as possible. We would like to hear about your interests, cultural requirements regarding care, wishes about practising your religion and food preferences. Please know that at this point, the only promise we can make is that we want to try to make your stay in our home as pleasant as possible. Is it OK if we ask you some questions?" (see Recording Tool following the guidelines)

State the purpose of the questions, and record that this has been explained to the individual and record that they have:

Agreed ☐ Date _____

Refused ☐ Date _____

Provide a context or preamble to the questions you ask. The questions and preambles are designed to prompt the resident to share their story about past experiences and to hear about their cultural and linguistic preferences. Not all questions will apply to every individual (e.g. not all individuals will be new to Canada) so you may wish to adapt the questions to suit the situation.

PREAMBLE	QUESTION	COMMENT
Light conversation. Goal: to have the person feel more comfortable in the situation. I am very interested in hearing about your background. There is so much to learn! You will get to know people from quite a few different countries here, both residents and staff. It is really wonderful.	**Please tell me about the country you were raised in — the landscape and weather, what people do there for a living and what languages people speak.**	

Tool #23A (cont.)

PREAMBLE	QUESTION	COMMENT
Coming to Canada must have been a big change. I am always fascinated to hear people's stories about immigrating here.	**How long have you lived in Canada?** **Did you come alone or with someone?** **What time of the year did you come?** **Had you experienced winter before? If not, tell me how your first winter was in Canada.**	These experiences will reveal information about possible adjustment issues, social isolation, new experiences etc.
We recognize that not all countries and people speak English. For example, in our home staff and residents speak XX languages.	**What languages do you speak?**	
Sometimes it is difficult to manage in a foreign language like English, especially when you are in a new environment. Some people like to have the help of an interpreter.	**Would you like the help of an interpreter now?**	Reassure: Please let me know if you ever want help in communicating with English-speaking residents or staff.
I have learned about many interesting things our residents and staff did in their youth and/or home countries.	**What did you like to do when you were younger?**	Continue: Ask questions to show your interest.
(If the individual has been in Canada for awhile)	**Since you moved to Canada, have you found particular activities you enjoy?**	Note: It is important to let the resident "save face" if he/she has not been involved in much. Express interest and ask a couple of further questions about any activities mentioned. They will reveal quite a bit of information without being intimidated.

Tool #23A (cont.)

PREAMBLE	QUESTION	COMMENT
(Only if the individual has family) We have people from many countries here. Some residents want to make all their own decisions. Others are used to having a family member involved in decisions (avoid double questions — e.g. you or someone else).	Do you make your own decisions? If not, who is involved with your decisions?	Follow-up comment: You need to know that Canada has laws that require that you personally tell us what you want. We will let you know those issues, and if decisions are needed, we can talk about how we involve your family member. Don't worry. Everything will be fine.
It is my understanding that the main religion in your country of origin is XX.	Did you grow up with this religion? How about when you moved to Canada – did you have the opportunity to belong to a temple/church (use the correct term, based on your preview of the religion).	
I am interested to know what you and we need to do to make it possible to continue your worship here (find out what rituals pre- and post-worship, frequency, how it was accommodated while client was at home etc.).	Please tell me what it means to belong to your faith group. How do you worship? How can we assist you to meet your religious needs?	
Next, I would like to ask you about food. We know that eating familiar food is important for everyone. We serve typical Canadian food, but try to provide some familiar foods to our residents.	What is the most important food in your diet? Are there any rules that you need to follow with your diet or meal times?	Ask follow-up questions to the answers as appropriate.

Tool #23A (cont.)

PREAMBLE	QUESTION	COMMENT
You are here because you need help with some tasks, such as personal care (bathing, hair care, toileting, dress, etc). We know that people from different cultures have their special practices.	What is important to you in your personal care? Are there some rules that we should be aware of regarding your faith and personal care?	Ask follow-up questions to the answers as appropriate.
Our care here is based on Western medicine. However, we try to make it possible for our residents to follow any special healing practices.	What kind of healing and health care practices do you prefer? Do you see a Western medical doctor? Do you see other healers? Do you use some herbal or alternative remedies?	
These are my questions. Thank you. I have enjoyed talking with you.	Is there anything else you would like us to know about your culture, language or religion that will help us make your stay here as pleasant as possible?	

Tool #23B

The Recording Tool for Information Gathering about New Residents

Below is an information-gathering recording tool. Pick the important points to record in this sheet from the resident's story. Follow the guidelines provided on the previous pages (#23A).

Name _____

Room # _____

Purpose of the questions has been explained to the individual and they have

Agreed ☐ Date _____

Refused ☐ Date _____

Below are examples of questions designed to prompt the resident to share their story about past experiences and to hear about their cultural, linguistic and religious preferences. Not all of the questions will apply to every individual (e.g. not all individuals will be new to Canada) – so you may wish to adapt the questions to suit the situation. Provide a context or preamble to the questions you ask.

QUESTION	RESPONSE
Please tell me about the country you were raised in — the landscape and weather, what people do there for a living and what languages people speak.	
How long have you lived in Canada? Did you come alone or with someone? What time of the year did you come? Had you experienced winter before? If not, tell me how your first winter was in Canada.	
What languages do you speak?	

Tool #23B (cont.)

QUESTION	RESPONSE
Would you like the help of an interpreter now?	
What did you like to do when you were younger?	
Since you moved to Canada, have you found particular activities you enjoy?	
Do you make your own decisions? If not, who is involved with your decisions?	
It is my understanding that the main religion in your country of origin is XX. Did you grow up with this religion? How about when you moved to Canada – did you have the opportunity to belong to a temple/ church (use the correct term, based on your preview of the religion)?	
Please tell me what it means to belong to your faith group. How do you worship? How can we assist you to meet your religious needs?	

Tool #23B (cont.)

QUESTION	RESPONSE
What is the most important food in your diet? Are there any rules that you need to follow with your diet or meal times?	
What is important to you in your personal care? Are there some rules that we should be aware of regarding your faith and personal care?	
What kind of healing and health care practices do you prefer? Do you see a Western medical doctor? Do you see other healers? Do you use some herbal or alternative remedies?	
Is there anything else you would like us to know about your culture, language or religion that will help us make your stay here as pleasant as possible?	

Plan: Suggestions for strategies to meet cultural, linguistic and religious preferences of the individual and their family:

Tip #24

End-of-Life Care

1. Assess each situation and person, as each will be unique. Seek information about end-of-life care practices in different cultures and religions. However, use this background information only to ensure that you ask the right questions of the individual, family and caregivers. Every person and every situation is different.

2. Be sensitive to and aware of your own cultural heritage and identity; understand your attitudes and beliefs about the end-of-life. Value and respect the differences in others. Don't make assumptions about the cultural experience (or newcomer status/duration of living in Canada) of the person being cared for.

3. Confront your biases about the end-of-life and be aware of their influence on the person being cared for. Seek education and guidance to develop your ability to minimize the biases.

4. Remain open minded and avoid imposing judgements when providing end-of-life care. Cultural differences are legitimate, and having the knowledge and skills to recognize end-of-life concerns and their importance to the individual is essential.

5. Acknowledge your limitations as a caregiver and bring in help when needed. Someone from the individual's culture may be empathetic and knowledgeable and be able to support the resident and you.

6. Understand the impact of barriers (such as cultural mistrust and regulations) to the quality and effectiveness of end-of-life care, especially those barriers that cannot be changed. Avoid blaming the victim or showing annoyance if the resident requests something that cannot be accommodated.

7. Appreciate and understand that many combined cultural factors are significant (race, ethnicity, language, spirituality/religion, gender, etc.) for the caregivers and care recipients, and their relationship.

Source: Program for Multicultural Health, www.med.umich.edu/multicultural/ccp/Palliative.htm

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NUMBER	TITLE	WHO WILL FIND IT MOST HELPFUL	HOW IT CAN HELP
1	**Sample** Statement of Commitment, Mission and Core Values	Board members, CEOs, senior managers, HR directors, directors of care/services	Can be used for the strategic planning process
2	**Tool** Sample Practice Culturally Familiar Food – a Four Step Approach	Board members, CEOs, senior managers, HR directors, directors of care/services	Can provide assistance with developing policy and guidelines
3	**Tool** Organizational Assessment for Diversity and Cultural Competence	Board members, CEOs, senior managers, HR directors, directors of care/services	Identifies organizational strengths and areas for improvement
4	**Tool** Checklist of Legal Obligations Related to Human Rights and Culture, Language and Religion	Board members, CEOs, senior managers, HR directors, directors of care/services	Helps identify legal issues to be considered when planning and developing policy
5	**Sample** Residents' Rights Poster	Everyone	Sample resource
6	**Tip** Getting Started	Everyone	Identifies ideas for starting the process of diversity in action

Index (cont.)

NUMBER	TITLE	WHO WILL FIND IT MOST HELPFUL	HOW IT CAN HELP
7	**TIP** Planning for Staff Development	Managers, staff educators	Identifies approaches for developing objectives, planning content and delivering training
8	**Tip** Respectful Communication	Everyone	Provides basic information about verbal and non-verbal communication
9	**Tip** Suggested Guidelines for Using Interpreters	Everyone	Recommends when to use an interpreter and how to prepare, participate and follow up
10	**Tool** Staff Language Survey	Everyone	Identifies a method for developing a staff list for specific languages
11	**Sample** Terms of Reference for a Diversity Committee	Managers	Provides an example of committee terms of reference
12	**Tool** Human Resources: Diversity Practices Worksheet	Human resources staff	Provides actions and things to consider when promoting diversity and inclusiveness in your workforce
13	**Tip** Advertising Job Vacancies	Hiring managers	Identifies where and how to advertise in order to recruit people with culture or language-specific skills

Index (cont.)

NUMBER	TITLE	WHO WILL FIND IT MOST HELPFUL	HOW IT CAN HELP
14	**TIP** Hiring Process	Hiring managers	Identifies how to prepare for, participate in and follow up after an interview with a person from a culture other than your own
15	**TOOL** Self Assessment: Manager	Managers	Identifies areas of strength and areas for improvement for an individual in a confidential manner
16	**TIP** Tips For Family Members: Supporting Care and Service Delivery	Family members/ caregivers	Identifies several strategies for families to facilitate the provision of culturally appropriate care
17	**TOOL** Self Assessment: Hiring Manager	Hiring managers	Identifies areas of strength and areas for improvement for an individual in a confidential manner
18	**TIP** How to Build Relationships with People From Other Cultures	Everyone	Provides simple ideas for improving understanding and relationships with people from other cultures
19	**TOOL** Personal Quiz	All staff	Helps individuals reflect about their feelings related to resident care in a confidential manner

Index (cont.)

NUMBER	TITLE	WHO WILL FIND IT MOST HELPFUL	HOW IT CAN HELP
20	**TIP** Tips for Individuals	All staff	Provides suggestions to individuals on how to address their own competency development
21	**TOOL** Words and Phrases in Other Languages	Everyone	Provides a template for word lists in other languages
22	**TIP** Preventing and Resolving Conflicts Involving Cultural Differences	Everyone	Identifies ways of preventing conflict and outlines a conflict resolution process
23 **A**	**TOOL** Guidelines for Using Information Gathering Tool for New Residents	Staff involved in direct care planning with residents	**23A)** Provides background information and guidelines to staff on how to use this tool
B	The Recording Tool for Information Gathering about New Residents		**23B)** The actual recording tool for gathering cultural, linguistic and religious preferences of a new resident
24	**TIP** End-of-Life Care	Everyone	Provides pointers for anyone providing comfort measures or palliative care

Diversity In Action:
Part 3 – Resources – Section 2

Stories

Stories from the Residences

In this section of the resources, you'll find stories that were told by our contributors about challenges and practices related to cultural diversity in the various settings. The stories involve everyone and some may sound familiar!

Some of these stories are presented or referenced in parts 1 and 2.

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It Started With the Fruit Flies

Fruit flies were noticed in a part of the home where a number of residents from a specific culture were living. The home's "staff detectives" discovered that the fruit flies were coming from the foods that families brought for residents because they didn't like the traditional Canadian menu. Until the fruit flies arrived, nobody knew the residents were storing these foods.

Once the team of staff detectives understood the situation, with the support of management, staff from different departments worked with the residents, families and volunteers to come up with alternatives.

Now volunteers bring food to the dietary department, which prepares and serves it. To cover any additional costs, the volunteers have raised funds for a year's supply of culturally familiar foods. This, they hope, will give the home sufficient time to include the desired foods in its regular menu.

Volunteer Sheds New Light on a Resident

One day, a staff member was nearby when a resident was interacting for the first time with a volunteer from the same culture. The resident was animated and clearly engaged in the conversation. That staff member had always wondered why the resident was unresponsive and when the resident was given the opportunity to converse in his own language, it became obvious! The staff member had misunderstood the resident's situation.

Celebrating Diversity

The Quality Council of a home chose "Celebrating Diversity" as the theme for its annual customer service week a few years ago. Working with volunteers from each of the cultural communities identified, the staff helped develop the program and set up displays that included artifacts and food.

Staff and volunteers confirmed the accuracy of information related to the various cultures. Most participants wore their national costume.

Several activities were held throughout the week, and the culmination was an event in the auditorium: people were given passports to visit displays of the five prominent cultures in the home with the goal of learning and winning a prize. Prizes, in keeping with the cultural theme, were drawn from completed passports and word-find puzzles.

The result of the event was an increase in understanding, respect and sensitivity to cultural diversity among staff and residents. This event, in addition to some others, laid the groundwork for increasing knowledge, integrating culturally appropriate practices and creating a welcoming environment for all cultures.

Volunteers Bringing the Outside In

Seniors from one residence were unable to get transportation to attend religious services in the community. The organization became aware of the issue and established a working group of seniors, staff and volunteers, which discussed the issue with one particular church group. Together they had a brilliant idea: electronic transmission of local services. The beauty of this, they realized, was that they were not limited to one religion only, but could offer the same for each religious group in the home. They fundraised for, purchased, and installed a telecommunications system for transmitting local religious services to individual apartments and rooms through microwave frequencies. The seniors can now watch a religious service in their own language and style of worship. Local religious organizations provide someone to operate the equipment. The project has expanded to include broadcasts of special events, allowing residents to share times of grief and joy as well.

Professional Interpreters Are Important

Two women who shared a room in a long-term-care home had moderate cognitive impairment. One resident was European and spoke no English; the other was West Indian. Both women came to Canada in later life to be close to family.

Staff observed that the European resident was not happy to be sharing her room with anyone, and her family frequently complained about the roommate as well. The West Indian resident was quiet and pleasant. Because of the European resident's decreased cognitive function, it was not clear whether it was sharing a room or the roommate that she was unhappy with. The situation escalated, and the European resident began to verbally attack her roommate on the basis of her race and cultural background.

On one occasion she demonstrated unprovoked physical aggression toward her. While the staff understood that these behaviours were in part related to the resident's decreased cognitive function, the home had a policy of zero tolerance for verbal or physical abuse or aggression.

A conference was scheduled with the family of the European resident, to make them aware of the problem and the risk that was posed to the other resident. During this conference, the European resident's granddaughter acted as interpreter. Everyone in the family denied the claims of aggression toward the roommate; the family believed the resident would never behave in such a way, and the family saw no connection between the incident and their complaints about the cultural background of the roommate. Further investigation revealed that during this conference the granddaughter was not conveying to staff the accurate information about what her grandmother or parents had to say, as she was aware of the racial remarks, but instead was feeling the need to defend and protect her family — particularly her grandmother.

Another conference was planned with the participation of a professional interpreter and staff skilled in conflict resolution. The home's policy relating to zero tolerance for any form of abuse was addressed, and a plan was developed that involved a schedule of visits by family members and an expectation of how they would interact with staff, the roommate and other residents. A new understanding and agreement was reached, and a

...continued

Professional Interpreters Are Important (continued)

new service agreement was reached and signed.

This situation led the home to develop a new practice to prevent similar challenges in the future between roommates or families: on admission and at the annual care conference of a resident who does not speak English, a professional interpreter is present. The home's approach to abuse and human rights is explained verbally to residents and families as part of the initial meeting and must be signed. Residents and families are aware of their responsibilities, and this has impacted how they interact with staff and other residents.

The Benefits of a Diversity Committee

A home was going through a change process and about a year ago a new CEO who had a commitment to diversity and inclusiveness was hired. The organization provides French language services for seniors.

In their long term care home the residents are primarily Canadian, French speaking white people from the area, and most are Catholic. Staff backgrounds are much more diverse than the residents'. Although all speak French, about 75% of the staff are black and not born in Canada. Many staff come from Haiti, and others from Africa and Mexico. "It enhances the atmosphere, our philosophy to have different cultures here" was a statement made to the CEO by a staff member. He couldn't agree more.

The home's mission is "it's a place where it feels good to live, to visit and to work". The mission guides everyone and the leadership strives to satisfy the needs of all employees and residents, no matter their origins, and the origins of the residents. The CEO wanted to know what was working well and if there were any areas that needed attention. Data regarding demographics was gathered and updated. Satisfaction surveys indicated that there seemed to be some tension between the various cultures within the workforce. Some staff felt they were walking on eggshells around other staff. To that end a recent staff survey suggested that a diversity committee that had been functioning a while back should be started up again. An ad was placed in a staff newsletter requesting participants. The committee was struck and it has representatives from different cultures. The first meeting took place recently.

The committee's goal is a harmonious workplace, where people understand and respect each other. The committee members act as cultural advisors to the team in order to help everyone understand the various perceptions...one participant stated 'the discussion at the first meeting was better than taking a university course on diversity'.

Gaining understanding of others from different backgrounds will help everyone work together through healthier communication. No more walking on egg shells. The committee will address issues that cause misunderstanding or conflict. The benefits noted already were a better understanding of language; an example is the use of "visible minority" not being acceptable, an example that "we can learn from each other", understanding of different values and how the residents' values are different from staff partly due to culture but also due to age difference.

The benefits of the committee will be felt at all levels of the organization due to commitment at all levels.

The Diversity Champion

A diversity committee, lead by the home's diversity champion (social worker) with a membership made up of families, residents, administrator and volunteers addressed cultural needs and interests of residents/tenants, families, staff and volunteers. They started by planning special cultural meals for all to enjoy. Feedback from residents and families alike indicated that culturally familiar food was desirable more frequently at regular mealtimes and not just as a special event.

Based on the success and feedback, the diversity committee lead a task group to find ways to accommodate the request, they obtained some recipes that could be prepared by the dietary department and a policy was developed to include special cultural meals in the daily menu.

It Worked!

Dietary staff became aware of how badly some residents missed familiar foods because they did not touch anything from the regular menu. The staff brought the issue to management's attention. The home reviewed its needs and policies regarding culture-specific foods and made a change: it started serving culturally familiar foods for special occasions. Now, at least one culturally familiar food item is included at every meal. This is made possible by a team effort from the volunteers, who provide the food, and the dietary department, which prepares and serves it.

Try Again!

A resident and a personal support worker (PSW) came from the same background and spoke the same language, allowing the PSW to discover that the resident was not eating because the food in the home was totally unfamiliar to her. The PSW wanted to help and offered to share her recipes with the dietary department. The PSW did not give up, proposing that she provide the dietary department with some basic recipes for the staff to include in the meal plan, including rice and peas. The recipes are being reviewed by dietary staff to ensure maximum nutritional value.

Sally the Champion

"We are all just people!" Sally, who made this comment, is a resident of a medium-sized long-term care home and busy every day. Much of what she does contributes to a welcoming environment for everyone, including seniors from diverse populations. When Sally is not involved in her daily schedule of visiting other residents, she is a greeter in the entrance hall.

Some residents don't speak English, but Sally visits them all on a regular schedule. She uses touch and smiles, and waves when she sees these friends. She lets family members know how the residents are doing, and families who speak little English stop by to greet Sally.

Sally keeps an eye out for stressed family members and lets them know she is there to support them and their resident. Families are relieved and grateful that Sally has befriended their parent. We see how Sally makes a difference. How do you and your colleagues make a difference?

Impact of History

In a long-term care home, a recreation assistant was hired to work with residents of a different ethnicity. The residents' first reaction to her was quite hostile based on historical conflict between her country of origin and theirs. She realized that there had been conflict between the two countries, but she did not initially understand that this was the reason for the residents behaviour.

She decided not to take the unfriendliness personally, and instead tried to address the issue creatively. She ran a storytelling program where she and the residents could share their experiences of life back home and their journey to Canada. Though their life histories were different, many had come to Canada in hopes for a better life. Through discussions they realized that they shared other things in common, such as an appreciation for food and music.

This information changed the residents' attitude toward her by helping them acknowledge each other's heritage, focusing on their similarities rather than differences. This resulted in a better working relationship and enhanced their mutual respect for each other. The recreation assistant enjoys her work, and the residents are highly satisfied with the recreation programs.

Care Planning Includes Everyone

A recreation assistant was working with a Japanese resident who had had a stroke and was withdrawn, not eating and with no interest in life. Her family had told the staff that the resident was saying she wanted to die. The recreation assistant learned that the resident had been an expert sushi maker so decided to ask the resident if she would teach her how to make sushi. The resident could not refuse this nice young woman, and within a short time the resident was functioning at a higher level because of the sensory stimulation and sense of purpose. The recreation assistant student became an excellent sushi maker, too.

Look for Resources – Find a Satisfactory Solution

A new resident from a Tamil community was distressed, as he did not get the help he had asked for. His religious practices required five prayer sessions a day, and he was to wash himself prior to each. Staff helped him wash morning and evening and wanted to support the resident at other prayer times. They contacted the resident's spiritual leader for help. The leader visited the resident and showed him how he could symbolically wash himself, in his room, prior to praying. The home provided the basin and other necessities. The resident felt comfortable having received the spiritual leader's support and appreciated the home's efforts.

Know the Right Words to Use

A resident had untreatable cancer and was in a great deal of pain. The home recommended palliative care, including pain management through medications, comfort measures, discontinuing any intrusive measures, and allowing family visits at any time, but the family refused to consider palliative care because to them, the word palliative meant giving up. Their religious belief was that there is always hope, even with a disease that was causing extreme pain.

Staff were distressed by seeing the resident in pain and not being able to obtain the family's consent to help. They consulted with the chaplain of the home and it was recommended that a faith advisor be invited to meet with the family and negotiate a carefully worded decision. The family then agreed to pain management because there was still hope, but did not agree to other measures deemed as palliative care by the staff. The staff learned that for some faiths, certain words such as palliative, should not be used. The staff took comfort in knowing that at least the resident's pain was controlled.

Tai Chi for All

A Chinese resident had always practiced tai chi, a Chinese spiritual and physical exercise. He was able to facilitate the finding of a teacher and establishing a weekly tai chi session in the home. These sessions were open to everyone and became quite popular over time.

Residents as Teachers

Ten residents in a long-term care home in Toronto participated in a program that gave English as a Second Language Students from the community an opportunity to practice speaking English by socializing with the residents. Besides language, the residents saw this program as an opportunity to teach Canadian newcomers about customs and traditions from the point of view of seniors.

The students were accompanied by their teacher, and the recreation department staff in the home facilitated the sessions. At the first meeting, two students were paired with each resident, and everyone got acquainted. A poster depicting the various languages spoken by the students was used to promote initial discussion and communication. Residents who spoke languages other than English helped out when needed. Next, participants broke into small groups to talk about the richness of their lives. Later, when the whole group was back together, the students served refreshments, and each student told something special that they had learned about Canada and about the resident's life. The residents were delighted with the interaction and impressed with the students' language skills. They are planning for the students' next visit.

Value of Observation

The Jewish residents of a particular home have their Sabbath services every Friday in the worship centre of a home. One particular resident with dementia became very agitated and upset during the services. When this happened a few times, staff wondered whether she should return. One Friday, a volunteer, trained to observe body language, sat beside her at the service. She noticed that the resident stared at the side wall. She followed the resident's stare and saw that although it was stored away as required, a large cross was clearly visible.

The cross, in conflict with the Jewish faith, was the reason for the resident's upset. From that day on, the cross was stored in a cupboard with doors, and the resident was able to enjoy her Sabbath service without becoming agitated.

Box of Spiritual Items

Residents with dementia, especially those in later stages, require special care for connecting with their religion or spiritual practices. Strategies typically involve sensory stimulation (pictures, music, incense, touching a symbol) and can produce an enjoyable moment for the resident.

In one home, the coordinator of spiritual and religious care for all faith groups introduced a set of portable memory boxes. Each box has symbols, music and other relevant items for a particular religious or spiritual group. The coordinator makes weekly visits to residents who are not able to attend worship services. The residents usually respond, sometimes as simply as a sigh of relaxation, humming or singing along, momentary eye contact, a longer attention span than usual, or other signs of a deeper connection. The boxes are available to spiritual- and religious-care visitors, as well as staff and families, to connect and enjoy a meaningful visit. The spiritual care coordinator provides the appropriate training.

Memories of Mother's Kitchen

Peter, a resident of Hungarian descent, remembered his mother's Hungarian foods and how he loved the smells in the kitchen. He wanted to share these experiences with his new community, the seniors' residence. The dietary and activities staff coordinated their efforts to support Peter. They arranged a weekly schedule for Peter in the kitchen of his unit and provided the ingredients for his Hungarian meals. Peter shares them with residents and staff in the unit.

Isn't Rice Just Rice?

A home with a growing Japanese population wanted to provide residents with culturally appropriate services. They surveyed the residents about the most important care element for them and discovered it was rice. Happy to accommodate, the dietary department included rice in the daily meals. As there were no comments, the home assumed that the rice was to their liking, but much later, a casual comment from a family member indicated that the rice was not cooked to the Japanese residents' liking. It seems that they had kept quiet because they appreciated the home's efforts and did not want to be seen as complainers.

The home did not want to give up and tried again. A rice cooker and Japanese rice were purchased for the unit. Monitoring the situation closely, however, staff noticed that the residents still did not seem to enjoy the rice. When probing the situation with carefully worded questions, the staff learned that the rice was too watery. It turned out that nurses from another culture were checking the rice while it was cooking to ensure that it would be right. As it seemed too dry by their standards, they added water for a more moist texture.

The management understood the good intentions of staff, but took advantage of this opportunity to enhance cultural knowledge. A Japanese resident was asked to explain rice cooking and other information about Japanese foods. Similarly, the staff members from other cultures told stories about their diet. Once they were educated, all was well. In fact, this experience provided some good laughs and brought staff and residents closer together.

Does "Yes" Mean "Yes"?

Residents from some cultures often see a caregiver as a person in authority, and it affects how they communicate. Rose, a resident in a retirement home, was a refugee during the Second World War. She speaks and understands some English and is cognitively intact. Whenever staff asked a question, Rose would simply answer "yes" because that is what she thought they wanted to hear. Staff began to wonder why Rose only ever said "yes" and was otherwise uncommunicative.

Once they learned her history, they were able to rephrase questions, offer choices, use cues rather than words and gain her active participation in her daily routines. These strategies prompted Rose to answer in some detail, at which point the staff realized that Rose indeed did understand and was cognitively intact.

A Tough Compromise: Generational Differences In End-of-Life Care

An elderly man from an Asian country was living in a seniors' residence. He had had a severe stroke and was comatose, with no change in his condition after 48 hours. The medical staff recommended that they let "nature take its course" and provide comfort measures, rather than introduce complex treatment measures to extend his life.

The family was asked to make a decision. Legally, the resident's wife was the decision maker, but she did not accept the idea of impending death, believing more could be done. His adult children understood the illness as "life threatening" and that he would likely die. His grandchildren knew he had a life-threatening illness and felt that it was not appropriate to introduce life-extending measures.

The different generations of the same family viewed things differently due to the level of acculturation. The family discussed the situation and, ultimately, the man's wife agreed with her adult son that her husband would likely die, and agreed to comfort measures. This type of generational difference exists in many cultures.

Understanding is a Two-Way Street

Maria has lived in a particular home for 2 years. She has early dementia and is reverting back to her mother tongue, a dying language. Maria is able to speak English but needs constant reminders to speak it — a manageable strategy for staff.

However, Maria has a reputation of being difficult and rude at meal times. She has specific likes and dislikes, as well as cultural traditions (she is a vegetarian and loves eggs). At meal times, when shown a meat dish, she speaks abruptly to the staff and waves the food away. The staff think Maria does not like or respect them.

Because Maria is quite new to Canada and has never lived in a multicultural community before, she knows only her own traditions. She comes from a culture where the people serving food or providing care are considered to be from a lower class, and addressing them curtly is acceptable behaviour. This is not taken as a lack of respect in her culture.

Once the staff learned about her cultural background, they started working with her to understand each other's culture, language and traditions. This has made a difference in the interactions in the dining room and provision of personal care. To show her appreciation of the staff, Maria recently invited several of the dietary staff to join her and her family for dinner at a restaurant to celebrate her birthday.

Advocating for Small Cultural Populations

In one home there are many cultural groups. Two groups vie for having the largest number of residents, and both of these groups have a large number of volunteers from their cultures. The residents and volunteers have developed a strong cultural environment; advocacy for these groups is strong.

One of the smaller groups with fewer residents and volunteers than the two larger groups sometimes feels "outnumbered", and that they have no say in day-to-day activities, such as menu choices or leisure activities. The home is aware of this situation and continually takes steps to prevent conflict and promote inclusiveness.

The home keeps current data for each cultural group of residents and numbers of volunteers. They gather data related to accommodating individual groups as part of their quarterly risk-management reports. The home uses this data to check in with the smaller group, to ensure that staff are allocated appropriately, and the groups' cultural needs and wishes heard and met.

The volunteers from the smaller group are excellent advocates for the residents, and the home listens.

Translation Makes It Easier

An organization with linguistically diverse residents had serious problems with the routines of daily care. As it was not feasible to have a professional interpreter always available, they brainstormed with the staff and resolved the problem by introducing Pictographics (pictures with an English word, a professional translation to the relevant language and phonics for pronunciation) to support communication. It worked well, and a policy was developed that staff is expected to use the Pictographs when having language issues.

(For consent, rights and other legal aspects of service, they required that a translator is present.)

Celebration of Life

Many homes plan and conduct memorial services or celebration of life events for residents who have died. Families as well as staff, volunteers and other residents have a chance to remember and celebrate the life of someone they knew.

Staff and volunteers who have cared for a resident are given 'time out' to remember the person.

Family is acknowledged and assured that their family member is remembered.

A wife of a resident who died had not come back to the home since her husband died however did attend the celebration of life held at the home for about 8 residents who had died over recent months. She had become isolated in the 2 months since her husband died and was probably depressed.

After the celebration service she happened to meet a volunteer who sold her a ticket on a quilt that was being raffled. A couple of weeks later she found out that she had won the quilt and returned to the home for a second time - to up pick the quilt. This time she found out that even though she was no longer a 'family member' she could play a valuable role in the home as a volunteer. She told one of the residents that she now believed that there is a reason for everything that happens. Due to her having to come back for the quilt, and her increased contact with residents and other volunteers, she became a dedicated volunteer. She says that volunteering at the home has changed her life, lifted her spirits and given meaning to her days.

From Sameness to Diversity

One home has developed a successful, multi-pronged approach to diversity and inclusiveness. They started, like so many others, by considering "we are all the same" to be the best practice. However, with the increasing number of residents from various countries, they learned that honouring the different cultures and the individual differences within those cultures, was the best practice.

Consequently, they have created a community of many cultures that celebrates diversity, learns from each other, and reaches out into the various cultural and religious communities.

What they did;

- Established the organization's commitment to diversity (mission, values, human resources, policies)
- Made outreach into diverse communities an organizational expectation and usual practice
- Established a cultural committee of staff, residents and volunteers to support inclusiveness in all services and activities, and to help with inter-cultural conflict management
- Shared and exchanged expertise with other organizations – invited participation in their home's committees and projects, and offered to participate in theirs
- Joined cultural and religious community partners in fundraising and share the successes

Facilitating and Coordinating Language Classes

In partnership with a group of volunteers, the staff educator in the home researched, set objectives, gathered material, outlined content and scheduled half-hour classes for staff to learn key words and phrases in the language of residents who made up about 20 per cent of the resident population. The volunteers prepared a large handbook with pictures and translations to use as the basis for the classes. Greetings and pleasantries are taught. Words and phrases related to care, food, recreation and other basic needs were covered in a fun and entertaining way.

Evaluations from the participants have shown that they were retaining what they had learned, and found that their communication had eased with many residents. Staff are often greeting one another using the newly-learned language even though the staff are not from that culture.

Good Intentions

Volunteers from a cultural association approached a residential setting and, despite all good intentions, put the residents and the home at risk.

Staff of the home and the staff and volunteers of the association discussed and came to a solution. They agreed on the benefits of 'signing up' through a customer service approach and practice.

Now, new volunteers are welcomed and are an integral part of the organization; they work with the home to identify areas where they can contribute, e.g., culturally familiar food, staff training re: culture and language, program delivery and fundraising.

The home reviewed their policies on visitors and volunteering, and provided further training as appropriate.

Helping Staff Understand the Culture of the Organization

An organization provides general and job specific-orientation for all new staff. The general orientation includes some information about the culture and make-up of the home/site. During this phase of orientation, new staff are introduced to the diversity champion and her role is explained.

As a starting point new staff are asked to complete a self-assessment tool, just for their own information.

The job-specific orientation is geared to the culture and language of the new staff person and how they learn. The content includes practices related to diversity and inclusiveness.

The message is that we all have culture; it's not something someone else has.

Strategies to incorporate the newcomer to the team include the following: a buddy system with a co-worker promotes a sense of belonging at the worksite; time is allocated as part of orientation to learn and practice story telling; co-workers and residents share stories and practice active listening; they learn to build bridges and gain an understanding of the value of people providing cultural information.

After three months, the new staff are asked for feedback regarding how helpful and useful the orientation was for them. The levels of satisfaction and usefulness of the orientation and strategies is consistently high.

Keeping Culture Alive!

A home in southeast Ontario with long and respite stay wants to strike a balance between sustaining the French language and culture and being inclusive of everyone. Their challenge is that increasingly, family members and residents prefer to communicate in English; it is difficult to find bilingual staff; and respite residents tend to be English speaking. Furthermore, francophone volunteers are aging and diminishing in numbers.

The home is actively working on approaches to address this challenge. They are focusing on the following French language activities:

- *Heritage of the Community Project* by a volunteer and a staff member filming francophone residents and recording their life stories. The taping, conducted in French, is based on approximately 40 questions about childhood, adult life, married and work life, and the happiest and most difficult experiences. The goal is to create a permanent record for families, the home and the community at large. The film clips are used to initiate conversation among residents and help the caregivers in the home understand the residents better.
- *Language skills.* The home is working on obtaining a government grant to fund French-language classes for staff, residents and volunteers.

Growing With Partners Beyond Partnerships

One home, in an attempt to increase cultural competence and embrace diversity, has developed a multipronged approach to promoting inclusiveness. They started, like so many others, by considering it the best practice that "we are all the same". However, with the increasing number of residents from various countries, they quickly learned to honour the different cultures and the individual differences within those cultures. Consequently, they have created a community of many cultures that celebrates and learns from each other.

Reaching out to the community, the home goes beyond partnering with cultural groups and organizations for their participation in the home. In addition, staff from the home sit on boards of directors and participate actively in committees and projects, such as fundraising, for those organizations. In return, a portion of the funds raised is committed to the long-term care home for its projects. Similarly, the home's advisory committee and board of directors is comprised of members from different cultural groups. By encouraging partnerships at different levels between the home, the community, and the various cultural groups, the organization has achieved many of their goals in becoming more culturally competent. This is demonstrated in the vision and mission statements that were revised to include statements about support for diversity. Also, their policies and procedures reflect the same commitment and expectation across the organization.

Once the home started on this path, they realized that the process is ongoing. There are issues that they constantly follow-up on.

For example, the home created a policy regarding their hiring practices to ensure that as much as possible, (initially through attrition) management and front line staff reflect the cultural make up of the residents.

In general, they also support communication between staff and residents by translating key phrases from the languages the residents speak. Language classes are also available to staff.

Another policy with processes was established regarding new ideas or problems. A cultural committee was established (staff, residents, family, community representatives) that will discuss the issue, and if appropriate, ask the cultural communities to assist, be it fund raising for a new activity, problem solving or collaboration in various forms.

The cultural groups recruit and assist with orienting volunteers and more.

These evolving practices at the home reflect integration at all levels and are continually evolving. As the home demonstrates, cultural competence can be achieved when there is a senior level commitment and partnerships that grow!

Language Makes the Difference

A meeting to address problem-solving techniques was arranged for representatives from both a newer and an older home since they served the same specific ethnic groups. Farsi was one of the common languages in the homes, but the old home did not have anyone on staff who could speak that language.

The administrator of the newer home offered, in the spirit of true partnership, the following:

- her Farsi-speaking staff could be accessed for quick problem solving while the old home was analyzing their hiring needs and establishing a system for interpreter services
- she would advise the other administrator on where to advertise for staff from the same backgrounds as the residents
- her staff would write out and teach key phrases in the common languages for the old home's staff to learn
- her staff would explain the non-verbal cues in the particular cultures
- her volunteer coordinator would share her experiences in attracting volunteers from the residents' communities
- her family support person would share her knowledge and experiences regarding the family values of the particular cultures and how to partner with the families.

Not Without Volunteers!

Diversity and inclusiveness require many elements to achieve success. One element is volunteers and without them the road to cultural competency is endless. Here are some examples of activities that demonstrate how volunteers are key to an organization by contributing time, inspiring others and taking a leadership role.

- Help residents and tenants maintain links with their culture and community
- Provide education for all levels of staff about the culture and language
- Provide ideas for relevant programs, and suitable menus
- Help organize activities, food and more
- Provide translation services
- Fundraise e.g. for TV cable channels "from home" (i.e. country of the residents)
- Provide familiar materials for residents (i.e. books and videos)
- Model for and inspire newer volunteers from other cultures
- Lead through recruiting more volunteers, and initiating projects rather than responding to requests
- And more....

Benefits to resident and staff:

Interacting with a resident and volunteer from the same culture helped one staff member see that she had mistakenly thought the resident had dementia.

Magic of Technology

A seniors' residence in a large urban area has residents from many cultures. Volunteers from one of the cultures fundraised for and donated three large screen TVs for the units where the majority of residents of that culture live. The volunteers also pay for six culture-specific cable channels for those TVs.

The TVs and the cable service have been a great success. The residents are very satisfied as they are able to keep up with events in their home country and have programming that is familiar to them. The number of applications for admission from that culture has increased as the word spreads about the welcoming environment.

To create a welcoming environment for diverse groups requires ideas, initiatives, action and partnerships.

Matching Language and Culture

An organization identified the need for Spanish-speaking staff, but was not familiar with the local resources.

They found a newspaper for this cultural group, and asked to be interviewed for the paper. In the interview, they told about their organization, their desire to provide culturally sensitive services, and their need for Spanish-speaking staff with particular qualities and qualifications.

Then, they proceeded to tell how to apply.

Through the paper, they got linked with a community group that provided them with cultural insight into how to interview a person from their culture.

Accommodating Cultural Traditions

At a home where residents from many cultural traditions live a mail box was placed conveniently in a home for payment drop-off. A male relative of a resident was responsible for paying the resident's bills. According to his cultural practices, it is not his role to place the payment in the box and he insists on handing the payment to a female staff member. This was upsetting to the staff.

Awareness and sensitivity training to enhance the staff's understanding of their reaction to this request, and of the particular culture was a successful strategy. Once the staff understood the cultural significance, they accommodated the practice.

Recipes & Food Resources

Diverse and Delicious

The following section provides some recipe ideas for each of the countries presented in Section 5 of the Resources segment of this toolkit.

Since culturally familiar food is such an important part of providing quality services to residents, it is worth the effort to explore the delicious foods and recipes, and begin to plan new menu options with the input of residents and support of community and cultural groups.

The recipes presented in this section are intended to stimulate your curiosity. The best way to learn about, or fine tune the recipes, is to ask the individual – resident, family, staff from the country or culture. All of us have suggestions for recipe ideas and tips for preparing our food!

In addition, there are several cookbooks or websites you can refer to for other recipes. Below are a few examples of such websites:

www.emints.org/ethemes/resources/S00000385.shtml

www.recipes4us.co.uk/Cooking%20by%20Country.htm

www.dmoz.org/Home/Cooking/World_Cuisines

Please remember that this information is a starting point. People from the same country may have very different tastes and preferences.

Always consult the person or family for the most accurate information for that individual!

Sample Recipes – Delicious and Diverse

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
ARMENIA	***Eggplant Casserole (Guevech)***	2 medium eggplants, sliced in circles 2 med onions, sliced in circles 2 to 3 tomatoes, sliced in circles 1 lb ground beef, shaped into thin patties SAUCE: 1/2 C tomato paste 1/2 C water	**1** Arrange first 4 ingredients alternately in domino effect in 2 to 3 rows in a 13x9" Pyrex dish. **2** Mix ingredients for Sauce together and pour over eggplant casserole. Salt and pepper to taste. **3** Cover with foil and bake at 350° F for 30 minutes. **4** Uncover and bake 10 minutes longer.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
BANGLADESH	***Kheer***	1 L homogenized milk 250 g basmati rice 500 g brown sugar 125 g raisins Dashes of white cardamom	**1** Place rice in colander and rinse with cold water. **2** Bring milk and rice to boil in heavy saucepan. **3** Simmer, tightly covered for 25 minutes. **4** Add sugar and cardamom. **5** Cool slightly and serve.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
CANADA	***Shepherd's Pie (Beef Pie with Mashed potatoes)*** Serves four people.	1/2 lb lean ground beef 1 onion chopped 1-2 cups vegetables – chopped carrots, corn, peas 1 1/2 - 2 lbs potatoes (3 big ones) 8 tablespoons butter (1 stick) 1/2 cup beef broth 1 teaspoon Worcestershire sauce Salt, pepper, other seasonings of choice	**1** Peel and quarter potatoes, boil in salted water until tender (about 20 minutes). **2** While the potatoes are cooking, melt 4 tablespoons butter (1/2 a stick) in large frying pan. **3** Sauté onions in butter until tender over medium heat (10 minutes). If you are adding vegetables, add them according to cooking time. Put any carrots in with the onions. Add corn or peas either at the end of the cooking of the onions, or after the meat has initially cooked. **4** Add ground beef and sauté until no longer pink. Add salt and pepper. Add Worchesterchire sauce. Add half a cup of beef broth and cook, uncovered, over low heat for 10 minutes, adding more beef broth as necessary to keep moist. **5** Mash potatoes in bowl with remainder of butter, season to taste. **6** Place beef and onions in baking dish. Distribute mashed potatoes on top. Rough up with a fork so that there are peaks that will brown nicely. You can use the fork to make some designs in the potatoes as well. **7** Cook in 400 degree oven until bubbling and brown (about 30 minutes). Broil for last few minutes if necessary to brown.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
HAITI	***Grillot***	1.5 kg boneless pork, cubed 75 ml lime juice 250 ml orange juice 75 ml water 250 ml chopped onions 75 ml finely chopped green onions 1/2 tsp thyme 1/2 tsp salt 1/2 tsp black pepper 1 hot pepper, chopped 125 ml vegetable oil	**1** Combine all the ingredients, except the oil, and marinate in the refrigerator for 4 to 24 hours. **2** Heat the oil in a skillet and cook over medium heat, turning frequently.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
INDIA	***Vegetable Pulao***	480 ml long-grain rice (preferably basmati) 2 tbsp *ghee* or butter 1 tsp cumin seeds 1 small piece of cinnamon stick 2-3 cardamom pods, cracked 4-5 cloves 1 medium onion, sliced 1 tbsp yogurt 1 tomato, chopped 80 ml finely sliced green beans 80 ml finely diced carrot 960 ml water 1 tsp salt Fresh cilantro leaves	**1** Wash the rice several times. **2** Heat the *ghee* or butter and sauté the cumin, cinnamon, cardamom and cloves until the spices begin to crackle. Add the onion and cook until golden. Add the yogurt and vegetables, and 120 ml water; cover, and simmer for five minutes. **3** Drain the rice and add it to the vegetables, along with the rest of the water and salt. **4** Stir and bring to a boil, then simmer uncovered until the water has been completely absorbed. **5** Cover the pan with a damp towel, put the lid on top and cook over low heat for another 5 to 10 minutes. **6** Remove from heat and let stand, covered, for 15 to 20 minutes. Fluff the rice with a fork. **7** Served garnished with cilantro.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
JAMAICA	***Rice and Beans***	240 ml dried kidney beans, rinsed 1.2 l water 1 can of coconut milk 4 scallions, finely chopped 3 thin slices hot pepper, chopped 3 cloves garlic, peeled and crushed 2 tsp dried thyme 480 ml white/brown rice 1 tsp salt 1 tsp freshly ground black pepper	**1** Place the beans in 960 ml water in a large pot. **2** Cover, bring to a boil, then reduce heat and allow to stand for one hour. Drain. To the beans add the coconut milk, scallions, jalapeño, garlic, thyme and 240 ml water. Cover and simmer for 30 minutes, until the beans are tender. **3** Drain, reserving the liquid. Add the rice, salt and pepper to the pot with the beans. Measure the reserved liquid and top off with enough water to make 960 ml total, then add to the pot. **4** Cover, bring to a boil, then reduce to simmer for 15 minutes, or until the liquid has been absorbed.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
JAPAN	***Kuri Kinton (Golden Chestnuts)***	12 fresh or canned chestnuts 225 g sweet potatoes, peeled, washed and cut into 1-cm slices 1 tbsp sugar 1/2 tsp salt 1 tbsp toasted black sesame seeds (optional)	**1** Fresh chestnuts must be soaked overnight and peeled. **2** Place chestnuts in a saucepan with enough water to cover. **3** Simmer for about 20 minutes or until soft. **4** Soak sweet potatoes in water for 30 minutes, then cook for 15 to 20 minutes. Drain, season with sugar and salt, and mash. **5** Mix the chestnuts into the sweet potatoes and add more sugar and salt if needed. **6** Take portions of the mixture and make them into balls the size of chestnuts. Sprinkle with sesame seeds before serving.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
PAKISTAN	***Egg and Potato Curry*** This recipe serves 6 people. Preparation Time: 10 minutes. Cooking Time: 25 minutes.	6 eggs 4 medium potatoes 1/4 cup oil 1 onions, roughly chopped 1 tablespoon ginger paste 1 tablespoon garlic paste 1 teaspoon salt 1/4 teaspoon turmeric 1 teaspoon red chili powder 2 teaspoon coriander powder 1/4 -3/4 cup water 1 teaspoon garam masala	**1** Peel and cut the potatoes into large cubes and keep them in cold tap water. **2** Heat oil in a saucepan add onions and fry for 5-8 minutes, until transparent but not brown. **3** Add garlic and ginger, stirring constantly, fry for about 5 minutes, add 3-4 tablespoons of water to prevent the gravy from burning. **4** Add salt, chili powder, turmeric, coriander powder and 3-4 tablespoons of water. Fry the onion mixture for 3-5 minutes. **5** Add potatoes and stir the contents until the spices coat the potatoes well. Add water, cover and cook over low heat for about 15-20 minutes or until the potatoes are tender but not very soft. Add two cups of water, bring to boil and simmer for 5 minutes on low heat. **6** Meanwhile hard boil the eggs, peel and quarter. **7** Add garam masala, coriander leaves and green chilies to the potato curry, stir gently and transfer to serving dish. Add boiled eggs and serve. **8** Serve with chapati or paratha and mixed pickle. Serving Options: Serve Hot Try it with Naan or Roti

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
PHILIPPINES	***Chicken Adobo***	1,350 g skinless chicken breasts 60 ml vinegar 1 tbsp soy sauce 1 clove garlic, peeled and crushed 8 whole peppercorns, crushed Butter Garlic, to taste	**1.** Wash the chicken and cut into serving pieces. **2.** Place in a deep saucepan and add the vinegar, soy sauce, garlic and peppercorns. **3.** Without stirring, bring the mixture to a boil. **4.** Reduce the heat to simmer and cook until the chicken is tender, approximately 30 to 45 minutes, adding water if necessary to prevent sticking. **5.** Remove the chicken, reserving its liquid separately. **6.** In the same saucepan melt the butter. Add some garlic (to taste) and fry until browned. **7.** Return the chicken to the pot without any liquid and fry until browned. **8.** Add the reserved liquid and simmer for 5 to 10 minutes. **9.** Serve hot over rice.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
PORTUGAL	***Fihlos***	500 g squash 2 kg flour 500 ml water 1 tbs salt 1 tbs yeast 3 tbs port 250 ml orange juice 2 L olive oil 250 g sugar 250 g cinnamon	**1.** Boil squash for approximately 20 minutes on high. **2.** Puree squash with flour, add water and mix salt, wine, yeast and orange juice together. **3.** Leave mixture to sit for an hour and a half. **4.** Roll mixture into small balls with hands. **5.** Boil the olive oil and place filhos into the oil. **6.** Cook in oil for approximately five minutes or until light brown. **7.** Remove from oil and roll in sugar and cinnamon.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
REPUBLIC OF CHINA	***Chinese Roast Chicken***	3 tbsp Chinese rice wine 3 tbsp honey 2 tbsp soy sauce 1 tsp sesame oil 1/2 tsp white pepper 1 roasting chicken (1.3-1.6 kg), cleaned	**1.** Mix all ingredients but the chicken in a bowl. Place the chicken in a re-sealable plastic bag. **2.** Pour the marinade into the bag and seal. **3.** Place in refrigerator for up to two hours, turning occasionally. Preheat oven to 180°C. **4.** Remove chicken from bag, reserving the marinade. **5.** Place chicken on a rack in a roasting pan, breast side up, and roast for 35 minutes, basting occasionally with the marinade. **6.** When the chicken begins to brown, cover it loosely with tinfoil. **7.** Turn the chicken and roast for another 35 minutes, basting occasionally. Turn again and roast until the meat near the bone is no longer pink when cut, about another 20 minutes.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
SOMALIA	***Somali Crabmeat Stew***	480 ml white rice 960 ml water 60 ml peanut oil or butter 240 ml onions, finely chopped 1 tsp curry power 1 tsp powdered ginger 1 tsp salt 1 tsp crushed red pepper flakes 1 tbsp tomatoes cut in small wedges 908 g crab meat or other seafood such as scallops. Optional: empty scallop shells for serving	**1.** In a saucepan, wash and rinse the rice. **2.** Add the water, cover and bring to a boil. **3.** Reduce heat and let simmer for 15 to 20 minutes. **4.** Meanwhile, heat the oil or butter in a deep, heavy saucepan. **5.** Add the onions, curry, ginger, salt and red pepper flakes, and sauté until the onions are lightly browned. **6.** Add the tomatoes and simmer until soft. **7.** Add the crabmeat or other seafood and sauté for 10 minutes. **8.** Serve over the rice in scooped-out scallop shells or alone.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
SOUTH KOREA	***Kim Chi***	1 head of Chinese cabbage 1-2 cloves of garlic 2 green onions 2 tsp Korean red pepper powder 1 tsp grated ginger salt or sawoojub (note- this is available at Korean grocery stores and means salty, little shrimp)	**1.** Chop the cabbage, onions and garlic, and mix with pepper powder, ginger and salt or sawoojub (salty fish). **2.** Put in a jar.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
SRI LANKA	***Sri Lankan Bread***	180 ml fine coconut 540 ml self-rising flour 240 to 300 ml cold water ghee (Indian clarified butter) or vegetable oil	**1.** Mix the coconut and flour in a bowl. Gradually add the water, stirring until the dough is soft and comes away clean from the bowl. Turn the dough onto a floured surface. Cover and let stand for 30 minutes. **2.** Chopped onions and/or chilies may be added for flavour. **3.** Heat a griddle to 190°C. Divide the dough into 12 equal parts. **4.** On a floured surface, flatten each part with floured hands into thin rounds about five inches wide. Brush the griddle with the ghee or oil. **5.** Cook the breads on both sides until golden brown, about two minutes on each side. **6.** Serve hot. Curries are a good accompaniment.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
TRINIDAD AND TOBAGO	***Chicken Pelau***	1.5 kg chicken pieces seasoned with: salt, pepper, chives, thyme, garlic, parsley, 1 tsp Worcestershire sauce 500 g rice, washed 500 ml coconut milk 500 ml water 1 large onion 1 can pigeon peas, drained 1 sweet pepper 1 tsp soy sauce 1 tbsp ketchup 2 tbsp vegetable oil	**1.** Heat oil in heavy pot. **2.** Add sugar and allow to burn until dark brown. **3.** Add seasoned meat and stir until pieces are well coated with sugar. **4.** Brown for 5 minutes. **5.** Stir rice into chicken and turn often until well blended. **6.** Cook for 3 minutes more. Add soy sauce, ketchup, onion, sweet pepper and peas. Stir fry a few seconds. **7.** Add salt, pepper, coconut milk and water. Bring to boil. **8.** Lower heat, cover and simmer until rice is cooked (about 25 minutes). Pelau may also be cooked in oven at 350° F for 25 minutes.

COUNTRY	RECIPE NAME	INGREDIENTS	PREPARATION
UKRAINE	***Chicken Kiev***	8 skinless, boneless chicken breasts 8 Tablespoons butter (1 stick) 1 Tablespoon parsley, chopped fine 2 eggs 1/4 cup flour (approximately) 1 1/4 cups soft bread crumbs Vegetable oil for frying	**1** Cut the butter into eight equal parts, each about the size of your little finger. (Cut the stick of butter lengthwise into quarters, and then cut the quarters in half crosswise.) **2** Roll the butter rectangles in parsley to coat, and set them aside in a cool place. **3** Place the chicken breasts, one at a time, between two sheets of wax paper, and pound them with a rolling pin or kitchen mallet until they are thin. Carefully remove the wax paper. **4** Place one butter rectangle on each chicken breast, and roll the breast around the butter. Press the roll together to form a compact roll. Repeat until all 8 breasts have been rolled. **5** Beat the two eggs lightly in a shallow dish. On a sheet of wax paper, spread some flour; spread some bread crumbs on another sheet of wax paper. **6** Dip the rolls first into the flour, then the eggs, and then the bread crumbs. **7** When four rolls are done, heat some oil in a large skillet, and carefully add the rolls. Fry, turning several times, for about 15 to 20 minutes until the chicken rolls are golden brown and cooked through. Transfer to a serving dish, cover, and repeat with the remaining 4 rolls. (Keep the first batch warm in the oven set at the lowest temperature.)

Religions & Spiritual Practices

This section of the Toolkit provides information on eight religions/spiritual practices represented in long-term care homes, retirement homes, supportive housing and other residential settings for seniors in Ontario. Included is also a template for gathering information from residents, staff and volunteers about their religion or spiritual practice, not included here.

The topics include such information as beliefs, celebrations, approach to illness, death and end-of-life care.

While all attempts were made to provide accurate information, unintentional errors may have occurred. *Please verify the information with each person from a particular religious or spiritual-practice group as their practices may be personal.*

The following religions and spiritual practices are included:

- Aboriginal/Native Spiritualism
- Buddhism
- Christianity
- Hinduism
- Islam (Muslims)
- Jehovah's Witness
- Judaism (Jews)
- Sikhism

Resources on Religions and Faiths:

Multifaith Information Manual by Ontario Multifaith Council on Spiritual and Religious Care, 2000
ISBN 1-896377-01-7

Ontario Multifaith Council on Spiritual & Religious Care
789 Don Mills Road, # 608
Toronto ON M3C 1T5
416 422-1490
omcsrc@omc.ca

How to Be a Perfect Stranger: The Essential Religious Etiquette Handbook
Edited by Stuart M Matlins & Arthur J. Magida
Published by SkyLight Paths Publishing, Woodstock, VT
ISBN: 1-893361-67-5

A Quick Guide to Cultures and Spiritual Traditions. Sue Wirtz and Earl Coopers in cooperation with Catholic Healthcare West Arizona and Yuma Regional Medical Centre, 2000, 2001
cam.utmb.edu/resources/spirituality/QuickGuidetoCulturalandSpiritualTraditions.pdf

Template

NAME OF RELIGION/SPIRITUAL PRACTICE	
General Information	
Beliefs and Major Teachings	
Service/ Worship	
Celebrations	
Sacred Objects	
Food	
ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	
Death	
End-of-Life Care	

ABORIGINAL/NATIVE SPIRITUALISM	
General Information	• No formal religion or church hierarchy • Morals, ethics, values, beliefs, customs and sacred traditions are passed from one generation to another through oral tradition and ceremonies • Rituals may include dancing, singing, drumming, prayer, worship, feasting, purification rites, fasting and physical ordeals • Traditional beliefs and spiritual practices may be within the framework of Christianity
Beliefs and Major Teachings	• Many ways of expressing one's spiritual beliefs • Certain basic concepts or ideas in most Native spirituality: – The Creator of all or Great Spirit (may have other names) – cannot be seen or touched, but is present in the cycles of life (continuing change of seasons, day and night, growth and death, movement of sun, moon and stars) – The Creator is loving and just; never punishing or mean – Mother or Grandmother Earth's spirit nourishes and sustains life; people return there after death – Each individual lives in balance and harmony with the universe and spirit world – Equal respect to all; all forms of life depend on each other – Traditional teachings, prayer, vision quests and/or dreams are guides – Balance includes a circle containing our parts – body, mind, heart and soul, Another circle of beauty would be community, family, plants and animal, brothers & sisters. And yet another circle includes earth (mineral), air, water and fire • Humour is an important part of the sacred way because two-legged (people) need to be reminded of their own foolishness
Service/ Worship	• **Ceremonies** – *Always ask the individual about their practices* – Smudging with sage, cedar, and sweet grass - spread the smoke of burning herbs over a person, space, or object for purification. The smoke carries prayers to Creator. This ceremony usually involves a feather or fan. If smoke is not allowed, smudging the oils for sage, cedar and sweet grass may be used as a substitute – Feather ceremonies - sweeping of a person or body with feathers, the tying on of feathers, or the handling of feathers in prayer *See rituals for healing in the Illness and End-of-Life Care section.*

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Aboriginal/Native Spiritualism

Celebrations	• *Please ask the individual, family or community group*
Sacred Objects	• May be stones, feathers, antlers, fur, claws, or pouches of cloth or leather • Do not touch sacred items unless given permission • In an emergency, keep sacred items with the patient when at all possible
Food	• May have preference for certain traditional foods during ceremonial times (e.g., particular teas) • When preparing a special diet (such as for diabetics or heart conditions), utilize traditional food recipes and then adapt or change recipes to fit the dietary requirements
ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	• Illness occurs when life is out of balance • Health depends on proper actions and interactions with the spirit world • Well-being or wholeness comes from harmony with the forces of nature and the universe • Essence of our being, the spirit, must be considered for wellness to occur • Medicine men and women, singers, shamans, and healers with a special gift by the Great Spirit help mediate between the spirit world and the earthly world for healing, spiritual renewal and for the good of the community • Fasting is a part of spiritual and body healing (cleansing of toxins) • An ill person should be encouraged to eat; family members and others may be fasting on behalf of the person • Fetishes (objects representing the power of animal spirits) can assist in healing • Healing herbs, oils, roots for spiritual, emotional and physical healing. Physicians are encouraged to consult with the Native practitioner to integrate these treatments
	• Modest people; don't expose their bodies to others • When possible, provide caregivers of same gender

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Aboriginal/Native Spiritualism

	Pain Management: • Find out preference for managing pain • May not believe in medication – the Creator will heal them through traditional healing practices • May deny pain, or decide not to talk about it because it is hard to accept that their bodies are failing them • May be afraid of becoming addicted or be sensitive to medicines. Explaining the effect may be useful • If dying, may want to go to the Creator with a clear and open mind
	• Important items or rituals for healing – *A Medicine bundle or medicine bag* - collection of objects with sacred meaning and spirit power, wrapped in an animal skin or in a cloth. It is to be treated with great respect. If given for safekeeping, it is both a great honour and a grave responsibility – *Pipe ceremony* by a spiritual leader either in the home or outside on behalf of the resident. Find out if this is an important ceremony – *Chantways and songs with drum or rattle* are a daily part of healing for many – Visit by tribal singers; audiotape of a prayer song – Sound of drum or shaker is associated with healing prayers and will reassure the patient that they are not alone, nor forgotten – *Medicine lodge or inipi lodge* is a purification ceremony that takes place in a special "sweat lodge." It involves prayers and the calling of spiritual ancestors for help. Spiritual leader may perform this ceremony on a resident's behalf – *Crystals and sacred stones* may be used as part of healing. Crystals may be laid on a person's body, or may be held for prayer • Organ transplantation, both donating and receiving, is generally allowed
Death	• Death is natural and necessary in the circle of life • Person nearing death often reports visits and conversations with deceased relatives

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Aboriginal/Native Spiritualism

End of Life Care	• Resident may request traditional foods for their journey. Important that the family obtain these foods • May also request special prayers from their tradition and if they are Christian they may also want to have their pastor or priest present • When a family is having a ceremony performed, important to provide privacy. Leave the room unless the family asks you to stay • At the end-of-life, prayers may be said and family is encouraged to be present
	After death care • It is critical to talk to the family about their particular tribal tradition. Do not remove body until the family has been consulted about their particular tradition • Special clothing may be brought to dress the body in before it leaves the home, or family may request that their loved one be covered at the time of death by a blanket • Particular ceremonial objects may be placed on the body. It is often customary for a family member or the spiritual leader to cut a piece of hair from the deceased • Ask about embalming. Traditionally, not done. Traditional families may wish to have the body near them for as long as 4 days • Autopsy is not encouraged among traditional people; permitted if required by law

BUDDHISM	
General Information	**Founder of Buddhism** – Lord Shakyamuni Buddha, a man in India approximately 2500 years ago. **Three paths/types of Buddhism:** 1. Hinayna –India, Sri Lanka, Myanmar, Thailand, Laos, Cambodia and Vietnam 2. Mahayana – China, Korea, Vietnam and Japan 3. Vajrayana –India and Tibet • Combines psychology, spiritual philosophy and practice to free from suffering • Multiple Buddhas • No central authority; personal insight replaces belief in God • Personal insight with study of the Laws of Cause and Effect (Karma) • Monastic religion; ordained and lay spiritual community, but no hierarchical structures • Teachers – higher level of realization; usually ordained • Scriptures – many holy books (sutras)
Beliefs and Major Teachings	• Reincarnation – Basic Tenet • Death – actual time of moving from one life to another • Human existence – part of an ongoing cycle of multiple lives, affected by our deeds or actions (karma) • Karma is the law of cause and effect: positive action - positive results; negative action – negative results • All beings possess Buddha-nature (the potential for complete enlightenment) **The Four Noble Truths** • Life involves suffering • Suffering – caused by ignorant state of mind • Suffering – ended by renouncing the ignorant and negative mind, developing loving kindness and compassion • Following the path of Buddhism – commitment and practice of the Eightfold Noble Path **The Eightfold Noble Path includes:** • Wisdom (right understanding; right intention) • Ethical Discipline (right speech; right action; right means of livelihood) • Mental Discipline (right effort; right mindfulness; right concentration (meditation))

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Buddhism

	The five prohibitory precepts • Body (not taking life; not stealing; not indulging in sexual exploitation) • Speech (not lying) • Mind (no drugs and mind-altering intoxicants)
Service/ Worship	• People meet in temples, shrines, meditation halls, learn spiritual practices in a group, and practice at home • Generally, recitation of *sutras* (texts of the Buddha's teachings) and other texts • Offerings to the Buddha, the main image of worship • Ritual objects may include a set of beads on a string, used to count repeated short recitations
Celebrations	• All Buddhists share the highest spiritual celebration, WESAK, i.e., the Birth, Enlightenment, and Entry into Nirvana of the Buddha • Other celebrations of religious events vary. Solar and Lunar New Year's Days may be celebrated • An annual period of paying respect to the family dead (summer)
Sacred Objects	• Shrine Table, Statue of Lord Buddha, Texts and Scriptures, Pictures, Meditation Cushions, Rosary Beads, Incense, Flowers, Candles, Fruit, Gongs, Bells, Drums
Food	• May be vegetarian or vegan • People should eat foods that are grown locally and that are needed for their unique health requirements • *Consult client/family*
ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	• Illness is a result of karma – consequence of actions in this or a previous life, not a punishment by a divine being • Healing and recovery promoted by awakening to wisdom of Buddha – spiritual peace and freedom from anxiety • Do not believe in healing through faith • Suffering/pain is to be relieved • Clarity of consciousness important • Generally, no specific medical or nursing issues; no requirement that the health care professional be of the same sex (unless individual preference) • The dignity and autonomy of the patient – must be supported • Buddhism tries to adapt to local customs. Therefore, *always ask the resident (family) how their faith relates to their health care*

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Buddhism

Death	• Death is a natural event for all living things; not to be feared. It is the actual time of moving from one life to another • All rituals at death aim at a better human rebirth and to prevent lower forms of rebirth (hell, hungry ghost or animal) • Tibetan Buddhism explains the process of death in stages. One of the last stages of death is when the consciousness leaves the body, which is believed to occur in the first few days (up to 3 days) after death. The consciousness is believed to undertake a journey after death for up to 49 days
End of Life Care	• Pain management, including drugs, and palliative care measures may be acceptable to relieve suffering. Prayer and chanting of mantras may also be used as a form of pain relief and assisting the dying individual to have a calm mind in preparation for death • Some Buddhist traditions recommend the avoidance of signs of distress in the presence of the dying person as it could disturb the person's consciousness and clarity of mind at the moment of death • If the individual wishes to minimize the use of pain medication in order to be as lucid as possible, that wish should be respected. A Buddhist representative must be notified well in advance to see that an appropriately ordained Monk or Nun presides over the care of a dying person (lengthy pre-death counselling and rituals)
After Death Care	• Caregivers are advised not to touch or move the dead body of a Buddhist before family consultation has occurred to determine their preferences about the care of the body • When the person is pronounced "dead", the body is gently covered with a cotton sheet. Do not close the eyes, mouth etc; leave the body as is. The Buddhist belief is that if any part of the body is touched after death, the first place to be touched should be the crown of the head – to stimulate the consciousness to leave via the crown. Once the crown has been touched, other parts of the body may be touched • No talking, crying or any other noise is allowed in the same room • After permission has been obtained to move the body away, the attendant moving the body should totally refrain from speech along the way • Disposition of the body varies with the culture and denomination. Consult with the family regarding their preferences and their choice of mortician • Beliefs on autopsy and organ donation vary, therefore the individual or the individual's family must be consulted

CHRISTIANITY	
General Information	• Large number of Christian groups, such as Baptist, Greek Orthodox, Russian Orthodox, United Church, Presbyterian, Anglican, Lutheran, Roman Catholic, Methodist, Mennonite, Seventh-Day Adventist • Authority of the Pope of Roman Catholicism or the patriarchs of Orthodox Christianity
Beliefs and Major Teachings	• Hierarchical structures in Church leadership • Bible – both the Old and New Testaments; authority for faith and practice • One God (creator); Jesus Christ (God in human form); the Holy Spirit (God's currently active presence in the world) • Different practices of baptism and holy communion • Personal relationship with God • Life on the earth affects afterlife (heaven or hell)
Service/ Worship	• Vary in details • Churches or cathedrals - places of worship *Check with the individual and the representatives of his or her Church*
Celebrations	• *Advent* – preparation for the birth of Christ or Jesus • *Christmas* (birth of Jesus) – December 25 • *Lent* – the 40-day preparation for the Easter (spring) • *Good Friday and Easter* – Jesus' crucifixion and rising from the dead (resurrection)
Sacred Objects	• Cross with corpus of Jesus – Catholic • Cross without corpus – most other groups
Food	• Some may prefer to eat fish on Fridays • *Consult client/family*

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Christianity

ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	• Some see illness as a consequence of personal behaviour; punishment or as a personal test from God • Others may view their illness as beyond their control; may see themselves as victims • God may be viewed as the source of all healing • Some believe in faith healing *Find out what Church the resident belongs to and consult their clergy*
Death	Believe in life after death, based on good or bad activities (heaven or hell)
End of Life Care	• Advance directives commonly supported • Most groups allow cremation • Common palliative practices, including medication for pain control • Specific rituals and practices at the time of one's dying and death – *consult the resident or family or the clergy of their Church* • May prefer family members, friends and their own clergy to be present for comfort and prayers. *Consult with the family regarding their preference* • Organ donations and autopsy – individual decisions

HINDUISM	
General Information	• Originated in India; has no founder and no common creed or doctrine • Many different gods and goddesses – different ways of conceiving and approaching the one God • Holistic approach to everything; religion is a way of life, not a set of dogmas • Not a church-based religion; no hierarchical structure
Beliefs and Major Teachings	• One ultimate reality behind the universe, *Brahman*. God is in every being and object in the universe; essence of each soul is divine • Aim of human life is to realize divinity through selfless work, devotion to God, control of the inner forces, and discrimination between the real and the unreal • Truth is one and accepts all religions, properly understood, as valid means of realizing the truth • Reincarnation – a recurring cycle of birth and rebirth. Karma, consequences of one's actions, determines one's lot in the reincarnation from one lifetime to another • One must perform his/her duties to God, parents, teachers and society
	Four *yogas*, disciples, comprise four paths to enlightenment: 1. powers of intellect. Includes meditation 2. directing one's love toward God 3. selfless service to others 4. incorporation of the three into a unified discipline that addresses the body, mind and emotion • Readings from Epic Sanscrit poem that relates the dialogue between the human Arjuna and the god, Lord Krishna. Also, readings from the Vedas and Upandishas
Service/ Worship	• Many forms of worship ritual and meditation, intended to lead the soul toward direct experience of God or Self • Worship at home is an important Hindu ritual around the small shrine for a god and goddess • Temples are the residence of a particular god or goddess or many gods and goddesses • People engage in the rituals at their own pace. Prayers are directed to the god(dess), flowers draped around it, and incense is lit. The intention is that the "hosts" offer the best to their "guest" • A Prayer room for Hindus may be provided. The room should be quiet, clean, and carpeted. An inter-religious space sensitive to the needs of persons of diverse traditions is acceptable • Establish a relationship with a local Hindu Temple to serve as a religious partner

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Hinduism

Celebrations	• *Shiva Ratri* – an all-night worship of God as the god Shiva; late winter • *Durga Puja* – celebration of the triumph of good over evil; early autumn • *Rama Navami* – Worship of Rama, a God incarnate; in the spring • *Krishna Janmashtami* – the birthday celebration of Krishna, another God incarnate and the most widely worshipped Hindu deity; late summer
Sacred Objects	• Women may wear signs of marriage (necklace, bracelets, or toe-rings) which they may not want to remove. If it must be removed, it should be explained to the resident • Men may wear the sacred thread, given at the Upanayna ceremony when a boy is 12-13, and worn at all times. Consult the resident about removing it • Religious Hindus may want to keep a picture, book, prayer beads in their room and hear devotional music on their tape recorder
Food	**Always check with the resident and family for appropriateness.** Vegetarian diet: • Milk and dairy products • No meat, fish, eggs or products thereof, such as gelatine • Orthodox Hindus may also avoid onions and garlic • Vegetarian foods must be cooked separate from non-vegetarian • If one has dedicated a specific fruit to God, one is forbidden to eat it
	Non-Vegetarian diet • No beef, pork, and possibly eggs or products thereof • Otherwise, same rules as for the vegetarian diet
ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	• May want to use alternative medicine such as Ayurveda and homeopathy • Family members prefer to be involved in the patient's care • Consult with the resident and/or family about individual care specifics and preferences

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Hinduism

Death	• Body dies; soul has no beginning and no end • When the body has served its purpose, it is discarded and the soul takes on another body until it finds union with Brahman, the One, All-Encompassing Soul • Humans are in a recurring cycle of birth and rebirth. Karma, the consequences of one's actions, in the current and past lives, determines one's lot in the reincarnation from one lifetime to another
End of Life Care	• Atmosphere must be peaceful around the dying person • Last thoughts or words are of God, ensuring rebirth to a higher form • Because of their religious belief, are more acceptable of natural death, and hence not in favour of artificially prolonging life
	Practices: • Prefer to die as close to mother earth as possible • Do not remove a married woman's nuptial thread or amulets on the neck or arm until just before death • Remove all that binds the body (rings, belts) to prepare for the soul's free journey to infinity • Family to wash the body if possible • Cremation shortly after death, preferably within 24 hours • Death Certificate to be filled out quickly so that funeral arrangements can be completed • Oldest son arranges for the funeral and cremation within 24 hrs; important as fire helps release the soul • Embalming or beautifying the body is strictly forbidden • Someone must stay with the body until cremation • A post-mortem is not favoured • Ashes usually scattered on water

ISLAM (MUSLIMS)	
General Information	• The word *Islam* means submission, purity, peace and commitment to the one God (Allah) and his laws • Muhammad, the last and final prophet of Allah, was born in Mecca in 540 • Recognition of prophets in the Bible, including Abraham, Moses, David and Jesus • Two divisions: Sunni (90%) and Shia (with a spiritual leader, strong authoritarian powers and religious structure) • Fastest-growing religion in the world; has over 1 billion members
Beliefs and Major Teachings	• Muslims are accountable for their faith, actions and the blessings from God • On the Day of Judgement, known to God only, generous reward or punishment • Qur'an is the word of God, revealed to Muhammad
	• Five Pillars of Islam – Declaration of Faith – Prayers – five times a day to strengthen the relationship with Allah and inspire higher morality – Fasting – during the Holy Month of Ramadan – Zakaah – pay the Annual Charity – Hajj – Pilgrimage to the Holy city of Mecca if possible
	• Seven Articles of Faith – Belief in the Oneness of Allah; one God of all mankind – Belief in the Angels of Allah – spiritual beings created by God – Belief in the Revelations (Books) of Allah – Belief in the Prophets of Allah – human beings appointed by God to teach mankind to submit to His will and obey His laws – Belief in the Day of Judgement (heaven and hell) – Belief in Predestination (Qadar) – Belief in Resurrection after Death • God demands morality and monotheistic devotion; all are equal in front of God • Purpose of life is to worship God by knowing Him and following His laws • A newborn Muslim is free of sin and has the potential to become a good Muslim • Man is the highest in the hierarchy of creations • Abstain (if health allows it) from food, drink, smoking and sexual activity from sunrise to sunset during the lunar month of Ramadan • Hebrew Bible and the New Testament were also authentic revelations from God

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Islam (Muslims)

Service/ Worship	• Prayer five times a day, anywhere: daybreak, noon, mid-afternoon, sunset and evening, facing Mecca • Prayers in Arabic; take 5-10 minutes and can be done anywhere • Before praying, Muslims wash hands, mouth, face and feet with water to cleanse the body and spirit (*wadu*). *Note: if water is unavailable, striking hands on pure earth and passing them over the face and the hands up to elbows is acceptable* • Each prayer starts with the declaration of "God is most great," and consists of bows, prostrations and the recitation of fixed prayers • A peace greeting (*taslim*) repeated twice at the end • On Friday, the noon prayer jumma (*juh-ma*) is a congregational prayer at a central mosque designated for that purpose • The leader of the prayers is an imam (*ee-mahm*), delivers a sermon • A prayer room should be provided. The room should be quiet, clean and carpeted. Islamic reading material including the Qur'an, audio and video tapes should be supplied. The direction of Mecca should be determined and marked in the room (local Islamic Centre or Mosque can provide assistance)
Celebrations	• Friday is the Muslim holy day • *Ramadan* (rah-mah-dahn), the ninth month of the Islamic (lunar) calendar. It is a time for reflection and spiritual discipline, to express gratitude for God's guidance and to atone for past sins. It is recommended that each Muslim read the entire Qur'an during this month • *Eid-ul-Fitr* – the Feast of the Breaking of the Fast, a three-day holiday at the end of Ramadan. Family members gather to feast and exchange presents. It is also a time for paying the special alms for the poor, required by the Islamic law • *Eid-ul-Adha* – the celebration of Sacrifice, in remembrance of the intention of the Prophet Abraham to sacrifice his son, Prophet Ishmael. Occurs on the 10th day of the 12th lunar Islamic month
Sacred Objects	• Prayer mats, a rug or towel

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Islam (Muslims)

Food	• Muslims observe strict dietary roles and families should be consulted on how a resident's needs can be met • Two types of food and drink: Halal (lawful) and Haram (unlawful) – Haram food includes pig and pork – Halal food includes: • meat from an Islamically slaughtered animal which does not feed on meat (cow, sheep, goat, chicken, duck) • all sea food from rivers, lakes, seas and oceans as long as the water is not polluted *Note: Halal meat is available fresh, frozen processed. Contact your local mosque or Islamic Centre for information where to buy.*
ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	• During illness, expected to seek God's help with patience and prayer, increase the remembrance of God to obtain peace, ask for forgiveness, give more in charity, and read or listen to more of the Qur'an (the Muslim spiritual text) • Do not consider illness to be a punishment from God • Important aspects in care for Muslim patients include: – Respect modesty and privacy (knock on the door, announce your arrival, etc.) – Limit eye contact – Do not touch while talking
	Care for women: • Only female caregivers unless a crisis • Privacy carefully observed (knock on the door etc.) • Gowns with long sleeves only
Death	• Believe that dying is a part of living and an entrance to the next life; • The Qur'an says, "They (true believers) say: To God we belong and to Him is our return." • At the moment of death, the soul separates from the body • Soul is kept in a transitional state until the Day of Judgement

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Islam (Muslims)

End of Life Care	• Maintaining a terminal patient on artificial life support for a prolonged period in a vegetative state is not encouraged • As death approaches, the person (with the help of others) should recite the Islamic Creed. Others present to recite the Qur'an and ask for God's mercy for the dying person
	Practices after the death: • Close eyes and mouth; a bandage running under the chin and tied over the head; straighten legs and arms • Wash the body. Washing must be done by a Muslim, preferably a relative or close friend; Islamic guidelines for preparing the dead body for funeral • A man can wash a man and a woman can wash a woman, except in the case of a husband and wife, where the washing can be done by the spouse • After washing, the body is shrouded in white sheets • Grieving and shedding tears acceptable; no wailing, beating the breast, etc. • Funeral takes place 2-3 days after death. Cremation not practiced • Islam does not allow euthanasia • Autopsy is not encouraged

JEHOVAH'S WITNESS	
General Information	• Founded in Pennsylvania, USA, in 1870s by Charles Taze Russell • Assertive missionaries • Expectation of imminent apocalypse • Jehovah is the sole name of God • *The Watchtower* magazine
Beliefs and Major Teachings	• God demands unconditional obedience • Bible – source of truth in every detail; historically accurate • Believe in Jesus • The Kingdom of God began to rule invisibly in heaven in 1914 and after the wicked are destroyed, will usher in the 1000-year Reign of Christ. The earth and humanity will reach perfection and endless life • Full-immersion water baptism to dedicate their life to Jehovah • Cannot participate in politics; vote or serve in military • Don't celebrate Christmas or personal birthdays
Service/ Worship	• Congregational meetings highly instructional dealing with Bible teachings, prophesy or counsel on Christian living • Kingdom Hall – place of worship
Celebrations	• *Memorial of Christ's Death* – after sundown of the first evening of the Jewish Passover (March or April)
Food	• Abstain from eating the meat of animals from which blood has not been properly drained *Consult client/family*
ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	• Medical and surgical treatments acceptable; no blood transfusion • No "faith healing"

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Jehovah's Witness

Death	• Believe that the dead are asleep in the grave, conscious of nothing, waiting for resurrection to life • Majority will be raised to life in an earthly paradise; a small number (144,000) will be raised to life as immortal spirits to rule with Christ in the heavenly Kingdom of God
End of Life Care	• Life is sacred; every reasonable effort to provide medical assistance, comfort and spiritual care • Scriptures do not require extraordinary, complicated, distressing and costly measures be taken to sustain a person, if merely prolonging the dying process and/or leave the patient with no quality of life • Any advance directives should be respected • May practice daily prayers and reading of scriptures for mental and spiritual comfort • No special rituals that are to be performed for the sick or those dying • Funeral usually within a week • Prefer no postmortem dissection • Appropriate family member to decide if a limited autopsy to determine the cause of death

JUDAISM (JEWS)	
General Information	• Based on the Old Testament of the Bible • Religious laws for every area of daily life: rituals, beliefs and code of ethical behaviour • Rabbi – religious leader • Four different types of Judaism, ranging from the very conservative/orthodox to the liberal. *Note: It is important to learn from each individual about their faith and practices.*
Beliefs and Major Teachings	• Only one God, to whom prayer is directed, and with whom each person has a personal and direct relationship • People have free will; no original sin • Torah, the first five books of Bible is the foundation of Judaism; guide to righteous living • Study of Torah is equivalent to prayer • Central belief that the Jews are God's chosen people and have to bring God's message to the world • God's promised land, the current Israel, is the homeland for the Jews • Hebrew is the language of worship
Service/ Worship	• Synagogues for Orthodox, Conservative and Reconstructionist Jews • Temples for Reform Jews • Three prayers: morning, mid-day and evening, preferably communally • Services on Friday night and Saturday morning • Sabbath begins at sunset on Friday and ends at night-fall on Saturday
Celebrations	• *Rosh Hashanah* – Jewish religious New Year, usually mid-September to mid-October. Almost all Jews abstain from work that day • *Yom Kippur* – the Day of Atonement, a day for reflection and prayer as well as formal repentance of sins committed during the year. Late September to mid-October. Abstaining from work and fasting from sundown to nightfall the next day • *Chanukah* – the Festival of Lights. Commemorates the victory over the Syrians who tried to eradicate Judaism in 163 B.C.E • *Pesach*, Passover, celebrating the Jewish people's freedom from slavery in Egypt. No foods eaten that are made with yeast (leavened). Late March to mid- April • *Passover Seder* is a festive dinner with family and friends. Rituals precede and follow the meal

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Judaism (Jews)

Food	• Preferences or restrictions regarding cooking and serving different types of foods can vary according to the type of Judaism • "Kosher" or acceptable according to dietary laws • All fruits and raw vegetables are Kosher • All foods derived from animals, fish or fowl, all packaged and prepared foods must be certified Kosher • Fish must have fins and scales (tuna, salmon, carp, trout, bass and pickerel) • No pork or shell fish (lobster, shrimp, crab) • Chicken, goose and duck must be Kosher • Wines and cheeses must be certified Kosher • No mixing of meat and dairy products • No eating of milk or dairy products for several hours after consuming foods containing meat or meat derivatives • During Passover, no leavened (with yeast) products *Note: Always check with the resident and family for appropriateness.*
ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	• Baby boys are circumcised on the 8th day of their life as a sign of covenant between God and the Jewish people • Illness – not punishment by God • All means for healing and alleviating suffering are to be sought and used • All life-sustaining procedures are welcome • More orthodox practice prohibits using electricity on the Sabbath. Therefore, residents may not turn lights on or off, adjust the bed, use the call button or do anything with the telephone or television • Staff to make some extra time to assist; be aware that resident may not ask for help. "It is too bright in here", "it is too dark in here", or "my head is too high", or similar indirect requests • Observant Jews prefer care by caregiver of same sex • In a crisis, contact a Rabbi for advice
Death	• Every human being is composed of a soul and body. At death, both return from whence they came (soul to heaven and body to earth) • Rituals to affirm the basic belief that life and death are part of God's plan

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Judaism (Jews)

End of Life Care	• Palliative care is permitted when it clearly relieves suffering when medical intervention no longer beneficial • Withdrawal of medical supports, autopsy, organ transplant, withholding or removing nutrition and hydration are best handled by seeking the advice of the resident's and/or family's Rabbi • If agreeable in a crisis, home's chaplain may act as the religious guide according to the wishes of the family
	• At death, close the eyes and cover body with a sheet • Deceased should not be moved unless absolutely necessary • No embalming or open casket • Burial to take place within 24 hrs or as soon as possible • Body returns to the earth and soul to God • It may be important to have nurses of the same gender attend to the body • Body to be attended by a family member or a member of staff at all times (including in the morgue) until it leaves the home for burial • Cremation not allowed or recommended • A seven-day grieving period (*shiva*) when family sits in mourning and friends drop in to express their condolences • Autopsies opposed • Organ donation – a personal decision

SIKHISM	
General Information	• Guru Nanak (1469-1539), founder; Gobind Singh (died 1708), last of 10 Gurus • Siri Guru Granth Sahib, book of collected writings, as revealed by God, provides guidance • No priesthood; local leadership of an elected committee of five initiated elders • Equality of all people expressed by the common name "Singh" for men and "Kaur" for women, meaning "lion" and "lioness" • People expected to be monogamous and live righteously • Ideal life - work, worship and charity • About 20 million Sikhs throughout the world
Beliefs and Major Teachings	• One God, the supreme Guru • All creation is a part of the One Creator • Reincarnation – a cycle of birth and rebirth; salvation is liberation from this cycle • Life-affirming religion; no fasting • Acceptance that there are many ways of worshipping God • No converting of others • Body is a temple that can serve the spirit and should be treated with respect by not eating meat or eggs, using alcohol, tobacco or drugs • Yoga and meditation can balance the body, mind and spirit • Caste system and the oppression of anyone based on class, creed, colour or sex is denounced
Service/ Worship	• Private worship twice daily: morning and at night – Morning: bathing, meditation, recitation of prayers and hymns – Evening: recitation of prayers and hymns; prayers before going to bed • Service can take place in any environment, to uplift one's consciousness • Service in temple by dance and prayers • Sacred writings are in the front of the room, covered in cloth • People sit on the floor as an act of humility, equality and respect Cross-legged position is conducive to meditation • Service consists of songs, praising God, community prayers, and readings from the Siri Guru Granth Sahib, a compilation of sacred writings • Shorter services may take place in the morning or in the evening; a longer service every Sunday morning • Shoes are always removed before entering the room; the top of everyone's head must be covered with hat or a scarf

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Sikhism

	• A prayer room for Sikhs may be provided. The room should be quiet, clean and carpeted. An inter-religious space sensitive to the needs of persons of diverse traditions is acceptable • Establish a relationship with a local *Gurdwara* (Sikh place of worship) and a community leader or a *Granthi* (Sikh Priest) who can serve as a religious resource
Celebrations	• The birthdays of the 10 Sikh gurus are celebrated throughout the year • The 6th of each month is a Holy Day in memory of the mistaken attack by the Indian government on June 6, 1984, on the sacred Akal Takhat in Amritsar (a temporal authority of the Sikhs, adjacent to the Golden Temple for the spiritual authority), in northern India
Sacred Objects	• The Five K's (Articles of Faith) are: – *Kirpan*, the sacred dagger/sword – compassion and one's task to defend the truth – *Kangha*, wooden comb - orderliness and discipline in one's commitment to life – *Kesh*, uncut hair – spirituality and commitment to life – *Karra*, a steel bracelet on right wrist – discipline and constraint in the use of kirpan – *Kachha*, shorts as underwear – represents purity of moral character • Religious significance of the headdress (a male turban or a female scarf) to be respected, because it is a covering for one of the 5K's (Kesh) and is also a symbol of a Sikh's honour
Food	• Vegetarian or non-vegetarian meals are individual preferences • Do not observe fasting for any religious reasons
ILLNESS AND END-OF-LIFE CARE	
Illness and Healing Practices	• When ill, pray to seek God's help, remember *Waheguru* (God's name) to obtain peace, ask for forgiveness, and recite or listen to Gurbaani, the sacred hymns, which are God's words, uttered through the Sikh Gurus and enshrined in the *Siri Guru Granth Sahib* (Holy Scripture) • May consider illness to be the will of God, and also believe that God is merciful and benevolent • One has to make an effort to get well which includes medical treatment • Sacred word provides physical and spiritual strength and nourishment • May request audiotapes of *Keertan* (sacred music) for bedside

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Sikhism

	• Important aspects in care for Sikh patients include: – Respect modesty and privacy (knock on the door, announce your arrival) – Do not interrupt a praying patient for routine care – Respect the patient's personal space by limiting unnecessary touching – Be sensitive to the significance of the Sikh's five K's • After removing their headdress, Sikh residents may want to keep their head covered with an alternative covering such as a small turban or a scarf • Headdress should be respected, and if removed, it should be given to the family or placed with the patient's personal belongings. Do not place the headdress with the shoes • Consult resident or family prior to shaving or removing hair from any part of the body. This applies to both male and female patients • Same sex caregiver may be preferred
Death	• Believe in reincarnation; death is only the progression of the soul on its journey from God, through the created universe, back to God again • No mourning at the death – soul is not subject to death • All ceremonies include prayers to help the soul's release from the bonds of reincarnation and to become one with God again
End of Life Care	After-Death Practices: • Family may wash and clothe the body immediately after death, prior to removal • Cover body with clean linens and shroud • If any of the 5K's worn, they should remain with the body • Allow family and Sikh *Granthi*, to follow Sikh traditions for preparing the dead body for funeral • Do not remove any items or cut hair. Always consult the family • Cremation within two to three days of the death • At the departure of their loved ones, Sikhs console themselves with the recitation of their sacred hymns

Countries & Cultures

The main criterion for choosing the particular countries and cultures in this Toolkit is based on the current and emerging demographics.

The following countries and cultures are included here:

- Armenia
- Bangladesh
- Canada
- Haiti
- India
- Jamaica
- Japan
- Pakistan
- Philippines
- Portugal
- Republic of China
- Somalia
- South Korea
- Sri Lanka
- Trinidad and Tobago
- Ukraine

While all attempts were made to provide accurate information, unintentional errors may have occurred. ***Please verify the information with each person from a particular country and culture.***

This is important as many individual differences exist because each person may experience their culture slightly differently. Also, their level of acculturation to the Canadian society may affect what aspects of their culture remain important and need to be accommodated.

The information about these countries and cultures has been collected from various printed sources, included those listed below. Please note that every category of information was not available about each country.

www.cp-pc.ca/english
A website, funded by the Citizenship and Immigration of Canada. Provides information about most countries in the world. Printable PDF files.

CultureGrams, World Edition 2008 – concise information about 200 countries. ProQuest and Brigham Young University. ISBN 978-0-97778091-34
www.proquest.com/products_pq/descriptions/culturegrams.shtml

When Cultures Collide. Leading Across Cultures, Richard D. Lewis 3rd Edition Nicholas Brealey International Publishing, 2006 ISBN-13: 978-1-904838-02-9 ISBN-10: 1-904838-02-2. This book is excellent for theoretical and practical information as well as particulars about certain cultures.

These sources may be of use if organizations wish to gather information about other countries and cultures. A template below is included for that purpose.

Template

NAME OF COUNTRY	
Continent	
Major Ethnic Groups	
Major Cities	
Geography	
Climate	
History	
Economy	
Languages	
Religion/ Spirituality	
Societal Values	
Family	
Culture, Sport, Leisure Activities	
Authority	
Time Orientation	
FOOD AND ETIQUETTE	
Food	
Etiquette	

...continued

Template (continued)

VERBAL/NON-VERBAL COMMUNICATION	
Self-expression	
Eye Contact	
Facial Expressions	
Gestures	
Greetings	
Nodding	
Personal Space	
Silence	
Touch	
Voice	
Acceptable Behaviour	
Inappropriate Behaviour	
APPEARANCE AND PERSONAL CARE	
Dress	
Hygiene (toileting, bathing)	
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

REPUBLIC OF ARMENIA	
Continent	• **Asia** (southwest)
Major Ethnic Groups	• Armenians (98%) • Kurds; Russians; other small minority groups • Population 3 million
Major Cities	• Yerevan (capital)
Geography	• Caucasus region (mountains) between the Black Sea and Caspian Sea • Rivers and lakes; frequent earthquakes
Climate	• Cold winters; hot summers
History	• Armenian culture developed in the sixth century B.C. • For centuries, Greek, Roman, Arab, Persian and Ottoman rules • Russian rule most recent • Always maintained national identity • Independence in 1991
Economy	• Small and medium small business encouraged • Most state enterprises privatized • Liberal trade laws
Languages	• Hayeren (Armenian) - official language • Russian widely used • English increasingly popular
Religion/ Spirituality	• Christianity in 301 A.D. as the state religion (first) • Armenian Apostolic Church (90% of the population) • Roman Catholic and Protestant • Church - the protector of national culture, values and unique identity *For info on religions, see section "Religions/Spirituality".*

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Armenia

Societal Values	• View themselves as entrepreneurs, adaptable and pragmatic • Lovers of freedom and fairness • Great pride in their history and national identity • Education valued highly • Men and women have equal access to education
Family	• Family -most influential role in defining values, morals and principles • Extended families in Canada no longer live together • Extended family ensures that religious and cultural values are passed from generation to generation • Father is to provide for the family; mothers are responsible for the home and children's education
Culture, Sport, Leisure Activities	• Philharmonic Orchestra, National Chamber Orchestra • Writers, poets, artists, singers, folk musicians and composers (Aram Khatchaturian) • Dancing (folk); reading (books, newspapers and magazines) • Discussing politics • Soccer; Chess; TV
FOOD AND ETIQUETTE	
Food	• Breakfast: coffee or tea, pastry, cheese, jam, olives, yogurt and bread • Lunch at mid-day (light) • Dinner (main meal) after 6 p.m. • Staple foods include: – parsley, spinach, tarragon, lettuce, cabbage, tomato, garlic and onion – fish, beef, pork and chicken – lavash – thin bread made by hand – seasonal fruits (figs, pomegranates, apricots, peaches, melons, apples and grapes • Common dishes: harisa (wheat and chicken cooked in large pots for several days); dolma (stuffed grape or cabbage leaves with meat, cracked wheat, greens and spices) • Thick coffee in small cups customary
Etiquette	• Continental style of eating: fork in left hand and knife in right hand • No elbows on the table • Conversation is animated • Traditionally woman prepares the meals and joins the group only after serving everyone else • Guests expected to take second or third helpings

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Armenia

VERBAL/NON-VERBAL COMMUNICATION	
Self-expression	• Emotional; use eyes, hands, shoulders and heads to express themselves more clearly
Eye Contact	• Expected during conversation
Gestures	• "Thumbs up" used for expressing approval - informal • Shaking shoulders shows indifference – informal • Women and men stand up when an older person enters the room • Hats are removed when entering a building
Greetings	• *Parev* means "hello" • Men shake hands and may kiss acquaintances on the cheek • Women hug and kiss each other • Strangers do not greet in the cities • People addressed by their title with the last name • Friends are addressed by first name
Inappropriate Behaviour	• Chewing gum in public is unacceptable • Improper for women to smoke in public
Dress	• Attention to appearance • European styles • Traditional dress in villages (women wear long gowns and cover their heads with scarves)
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information*

PEOPLE'S REPUBLIC OF BANGLADESH	
Continent	• **Asia** (south), just north of the Bay of Bengal • Bordered by India (three sides) and Myanmar (Burma)
Major Cities	• Dhaka (capital)
Major Ethnic Groups	• Bangladeshis or Bengalis • Population 123 million • One of the world's most densely populated countries
Geography	• Mostly fertile delta with rivers and channels running throughout the country • Monkeys, tigers, dolphins, crocodiles, 600+ species of birds
Climate	• Three main seasons: monsoon time (June-September) with rain, floods, tidal waves and cyclones; cool period (October-February); hot season (March-May) • One of the wettest climates in the world • Temperatures from lows of 5°C in the cool season to highs around 40°C in the hot season
History	• Various Buddhist and Hindu rulers • British Government 1857 • Became East Pakistan in 1947 • Independence in 1971
Economy	• Natural gas and timber • Fields of rice, wheat and jute among the richest in the world
Languages	• Bangla or Bengali - state language; derived from Sanskrit • Educated people speak English
Religion/ Spirituality	• Muslims (Sunni) • Hindus (10%) • Fatalism has important role in people's lives *For info on religions, see section "Religions/Spirituality"*

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People's Republic of Bangladesh

Societal Values	• Social classes important (e.g., affect marriage) • Father's wealth affects how woman is treated in marriage • One's social image is guarded carefully • "Thanks" is not a commonly used word. Rather, one pays back a favour • Group is valued more than an individual (extended families) • Friendships are strong and durable • Hospitable, respect for elders, abstinence, courtesy
Family	• Family needs before individual needs • Extended families live together • Children, especially sons, are expected to care for their elderly parents • No nursing homes
Culture, Sport, Leisure Activities	• Archeological sites of cultures dating back more than 2000 years • Bengali language and literature highly valued • Love poetry • Rabindranath Tagore, a writer, artist and philosopher, won the Nobel Prize for literature in 1913 • Music of all kinds • Classical music, *uchango*, often based on the works of the poets Islam and Tagore • Fine weaving and intricate needlework • Cricket - a passion • Soccer, badminton and field hockey are popular • *Kabaddi* (type of group wrestling -national sport. It is a physical game, in which teams of six players tag and capture opponents who venture onto their side of the playing field
Authority	• Being connected to someone in power is highly valued • Male-dominated society; women tend to have low social status
Time Orientation	• Flexible attitude toward time and punctuality

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People's Republic of Bangladesh

FOOD AND ETIQUETTE	
Food	• Light breakfast around 7 a.m. • Lunch 1 p.m. • Afternoon snack around 5 p.m. • Dinner around 10 p.m. • Typical meal: a curry of fish, meat, eggs or vegetables cooked in a spicy sauce, plus yellow lentils called *dhal* and plain rice or *bhat* • Spicy kebabs or a meatball and gravy dish known as *kofta* are popular, as are warm thin flat breads called chapati • One of the most popular desserts is a sweet rice pudding called *kheer*. Recipe is provided • Sweet milky tea known as *chai* is popular • Cold drinks include fresh lime sodas and tender coconut water, otherwise known as *dub* • Locally available fruit include tomatoes, mangoes, litchis, jackfruit, guavas, watermelon, bananas, papaya
Etiquette	• Knives and forks not used at home; spoons used to eat sweets • Food eaten with right hand • Sauce not allowed to touch fingers above the knuckles • Not much conversation during the meal • Men and women eat separately at large gatherings • At restaurant, the wealthiest pays for everyone's meals • Eating out is rare
VERBAL/NON-VERBAL COMMUNICATION	
General Info	• May sound abrupt in their opening conversational exchanges • Can be eloquent and oratorical • Avoid strong opinions and express themselves in indirect manner
Eye Contact	• One looks down to show respect for an older person or someone of higher social standing • Peers of the same sex show sincerity by establishing eye contact during conversation
Facial Expressions	• Calm, serious face considered a sign of maturity. Therefore, may not smile in public

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People's Republic of Bangladesh

Gestures	• Pointing with the chin is polite • Whistling or winking in public is not polite
Greetings	• Muslims greet each other with the phrase "Peace be upon you" • May raise the right hand to the forehead, palm curved and relaxed, in a salute-like gesture • Men may shake hands, each holding his hand to his heart afterward • Hands shaken with women only if women offer their hand first • Suffixes are added to names to show respect and closeness • An older person is addressed respectfully
Nodding	• Slight tilt of the head to one side indicates agreement • Moving the head from side to side in response to a question may mean "no" or "not sure"
Personal Space	• Sit and stand close • Significant between superiors and subordinates
Personal	• Uncomfortable with silences and fill gaps with pleasantries
Acceptable Behaviour	• Normal for men and boys to hold hands in public
Inappropriate Behaviour	• One does not point the bottom of the shoe or foot at a person as it lowers that person's worth • No handshakes, kisses or embraces with opposite sex in public
APPEARANCE AND PERSONAL CARE	
Dress	• Women wear saree; they do not wear pants • Jewellery is important (also financial security) • Some Muslim women wear burkas • Men may wear white religious clothing, pants and long top
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

CANADA	
Continent	• **North America**
Major Cities	• Ottawa (capital); Toronto (capital of Ontario)
Major Ethnic Groups	• Aboriginals (Natives) • French and British – first immigrants • Now, the most multicultural country in the world • Ethnic groups include: British, French, German, Italian, Ukrainian, Dutch, Polish, Chinese, Vietnamese, Korean, Jewish, Caribbean, Portuguese, Phillippinos, Scandinavian
Geography	• Second-largest country in the world • Six natural regions: – Atlantic Region - a mixture of fertile valleys, small mountains and rugged forests – Boreal Shield (much of Ontario and Quebec) - rocky hills, evergreen forests and many lakes. Lush forests and rich farmland along the Great Lakes and St. Lawrence River. This area is home to more than 60% of the population – Central Plains - fields of wheat and canola – Pacific and Western Mountains - high peaks, vast forests and rugged territory of the Rocky Mountains to the Pacific Ocean – Arctic and Taiga - the ground is frozen year-round; no trees grow on the flat tundra – Mixedwood Plains - narrow band in the South of Ontario and Quebec
Climate	• Different landscapes have different climatic zones • Far North is like a cold desert. With low temperatures and little moisture, hardly any snow falls in this region, but the snow that does fall stays for many months • West coast - milder climate, more rainfall than rest of country • Four distinct seasons – Snow falls in the winter and the days are short and cold – Spring: snow begins to melt and farmers plant their crops – Summers: hot and, in some regions, very humid – Fall: cold nights; leaves turn red or yellow and drop

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Canada

History	• Initially populated by Aboriginal people • First Europeans to arrive likely Vikings from Greenland, followed by the English, French and Basque • In 1867, Ontario, Quebec, New Brunswick and Nova Scotia united to form Canada under the British North America Act • The Canadian Pacific Railway, completed in 1885, was an amazing feat of engineering that helped unite the country • In 1982 the Constitution was transferred from Great Britain to Canada and the Charter of Rights and Freedoms came into effect • Canada has maintained both formal and informal ties with Britain since becoming a confederation
Economy	• Gold, silver, copper, uranium, oil, natural gas • Agriculture, wood pulp, timber-related products • 1993, The North American Free Trade Agreement (NAFTA) with Mexico and the United States
Languages	• More than 53 languages were spoken by Canada's original peoples • Most common indigenous languages spoken today are Cree, Anishnaabe and Inuktitut • English and French - Canada's official languages • Cantonese and Mandarin - next most common languages spoken in Canada • Other commonly spoken languages: Italian, Punjabi, German, Polish, Spanish, Portuguese, Ukrainian, Arabic, Dutch, Tagalog (Filipino), Greek and Vietnamese
Religion/ Spirituality	• Over 70% are Christian (mostly Catholic or Protestant) • Islam, Judaism, Buddhism, Hinduism and Sikhism are growing because of the immigrant populations *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Highly secularized (non-religious) • Pride in cultural heritage and multiculturalism • Values: honest, friendly, practical, tolerant, traditional, fair, generous, independent, low key, love family, modest, conservative

Canada

Family	• Important, but fewer extended families • Women work outside home • Average family has one or two children • New forms of family (single parent, common-law etc.) • Children live with their parents until they go to university, college, or marry or get full-time jobs • In cities, many adult children are returning to live with their parents
Culture, Sport, Leisure Activities	• The Inuit of the North are renowned for their soapstone carvings of Arctic animals • The Haida people of the West coast carve beautiful totem poles and sculptures • First group of distinctly Canadian painters was the Group of Seven who painted the Canadian landscape during the 1920s • Strong tradition in music and theatre as well as literature • Ice hockey – the popular game across nation • Lacrosse was invented by the indigenous peoples • Canadian James Naismith invented basketball in 1891 • Soccer is becoming increasingly popular • Winter sports: downhill skiing, cross-country skiing, skating, snowboarding, tobogganing and curling • Summer sports: canoeing, kayaking, swimming, fishing and water-skiing • Large national and provincial parks across Canada for camping, hiking, swimming, and enjoying the scenery • Canada has hosted both the summer Olympics (Montreal, 1976) and the winter Olympics (Calgary, 1988) and will host the winter Olympics (Vancouver 2010) • Canadian athletes include world-class swimmers, skiers, curlers, skaters, rowers and track and field stars
Authority	• Respect for authority; openness to discuss issues with superior
Time Orientation	• Punctuality important • Focusing on one task at a time

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Canada

FOOD AND ETIQUETTE	
Food	• Traditionally, at least one daily meal of meat, potatoes and a vegetable • Immigrants have changed the Canadian diet. Pizza, pasta and spicy rice or noodle dishes are now common • Three meals a day: – Breakfast: Cold cereal, toast or a muffin with coffee or tea. On weekends, a big breakfast may include pancakes, eggs and bacon or hot cereal – Lunch is usually a light meal: soup, a sandwich or a salad – Dinner, also called supper, is the largest meal, and is usually eaten early in the evening • The biggest family meals are at Thanksgiving and Christmas with turkey and cranberries and stuffing • At Thanksgiving the traditional dessert is pumpkin pie; at Christmas many people serve Christmas cake
Etiquette	• Fork and knife • Acceptable to cut the food first and then eat with fork
VERBAL/NON-VERBAL COMMUNICATION	
General Info	• Not boastful about own achievements
Eye Contact	• Maintained during conversations
Facial Expressions	• Smiles during conversation
Gestures	• Conservative, not much gesturing
Greetings	• Handshaking, also between different sexes • "Hello, how are you?" is a common greeting • "Hello" with a nod or a wave of hand - acceptable greeting • Title and last name when new acquaintance • First name when friends
Nodding	• Nodding head up and down means "yes"; sideways – "no"

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Canada

Personal Space	• Generous personal space when talking with others
Listening	• Polite listeners
Touch	• Avoid touching during conversation
Voice	• Loud voice often interpreted as aggressive
Inappropriate Behaviour	• Boasting
APPEARANCE AND PERSONAL CARE	
Dress	• Varied, based on cultural tradition; mostly Western style
Hygiene (toileting, bathing)	• Privacy important
Health, Illness and Death	*Note: See special information on death-related issues in the various faiths/religions and spiritual practices as they apply to an individual.*

REPUBLIC OF HAITI	
Continent	• **North America**
Major Cities	• Port-au-Prince (capital) • Population over 8 million
Major Ethnic Groups	• Descendants of African slaves
Geography	• Part of island Hispaniola (Dominican Republic – the other part) • Mountainous with plains
Climate	• Warm and mildly humid • Temperature 19°C – 27°C, depending on altitude • Hurricanes
History	• Christopher Columbus colonized Hispaniola 1492 • Haitian Slave Revolt in 1791; freedom 1793 • Independence in 1804 • US troops occupied Haiti 1915 – 1934 • Military-led governments
Economy	• One of the poorest countries in the Americas • Tourism was a growing source of employment, but was disrupted by the political turmoil of the 1980s • Farming products (coffee, cocoa, cotton, mangoes, and sisal) are exported • Women make up 42% of the official workforce
Languages	• Haitian Creole – daily conversation • French – government and business
Religion/ Spirituality	• Catholic (80%); Baptist, Pentecostal, Seventh-day Adventists • Vodou gained legal status equal to other religions in 2003 *For info on religions, see section "Religions/Spirituality"*

continued

Republic of Haiti

Societal Values	• Socio-economic status affects values and practices • Men may have children with several women • Divorce rate is fairly high • Elders are revered (few live past 50) • Funerals are important • Values: warm, friendly and generous • Proud of their culture and traditions • Education highly valued
Family	• Traditionally, extended families • Now, families of parents and children only • Single-mother households • Many children die under the age of five
Culture, Sport, Leisure Activities	• Creole culture, a mix of French and African influences • Love of music and dance expressed in *bamboches*. (social gatherings where the dancing is for pleasure) • Work is combined with pleasure through the *combite* (a communal working party held when a family or a neighbourhood has a big work project) • Soccer (national sport); disco, reggae, meringue • Artists known for their striking colours • Oral literature abundant (songs, proverbs, riddles, stories)
FOOD AND ETIQUETTE	
Food	• Main elements of Haitian diet: corn, cassava, millet, rice and plentiful fruit (pineapples, mangoes, oranges and grapefruit) • Haitian cooking, whether French or Creole, ranks with the best in the Caribbean • Best known for their Creole dishes (mix of French, African and traditional Haitian elements) • Breakfast: coffee, herring with plantains and avocadoes, corn with codfish, or liver with plantains • Light breakfast: bread, butter and jam with coffee • Snack: bread and butter or pastries • Pork most common; goat, chicken, guinea pig, seafood • Eggplant, yams, sweet potatoes

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Republic of Haiti

	• Popular dish *grillo* (fried marinated pork, served with a very spicy sauce called *sauce ti malice*. *Sauce ti malice* is made from lemons, sour oranges, hot peppers, salt and spices) • Another popular dish is *lambi* (conch meat grilled or boiled) • Typical drink during holidays is *crémasse* (condensed milk, coconut milk and white rum) • Liqueurs of Haiti well known (*crème de cacao à la vanille, crème de moka and cordial Jérémien*)
Etiquette	• Guests serve themselves first; at home, mother starts
VERBAL/NON-VERBAL COMMUNICATION	
Gestures	• Animated • Hand gestures accompany discussion or storytelling
Greetings	• Personal greetings very important • When entering a room, greet everyone • Handshake when meeting a new acquaintance • Kiss on each cheek with everyone else • Superiors or persons of status addressed by title and last name
Voice	• Loud conversation and laughing • "psst" to gain someone's attention • Clicking the tongue is a sign of protest or disgust; impolite
APPEARANCE AND PERSONAL CARE	
Dress	• Great attention to appearance • Western style clothing popular
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

REPUBLIC OF INDIA	
Continent	• **Asia** (south) • Size and range of climate and landscape so great that it is often called a subcontinent
Major Cities	• New Delhi (capital); Mumbai, Kolkata, Bangalor
Major Ethnic Groups	• One of the most diverse countries in the world • Hundreds of different castes (tribes) • Population over one billion
Geography	• Everything from high mountains and rich valleys to beaches • Tropical rainforests, mangrove trees, valuable groves of rosewood, sandalwood and teak • Dry regions have a savannah landscape
Climate	• Most of the country has three basic seasons: hot, rainy and cool • Temperatures rarely below 4°C or above 40°C • Floods, droughts and earthquakes common
History	• For many centuries India was a collection of states and empires, each with its own customs and traditions • Cradle of one of the world's first civilizations • Written script, brick houses and citadels, drainage systems and even organized garbage collection existed 4,000 years ago • European colonizers in the 16th century • Over 300 years, a period called The Raj, the British introduced legal, educational, political, industrial and transportation systems that shaped modern India • Mohandas K. Gandhi (1869-1948), Father of India, led nonviolent protests against British rule and became known as Mahatma, or "the great soul", because of his simple lifestyle • Independence on August 14, 1947. British India split into two countries: Muslim Pakistan and (mainly Hindu) India

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Republic of India

Economy	• Major industrial power in Asia • Computer software, textiles, jewellery, chemicals, steel, machinery and leather • North American and European companies have factories and development centres in India (operation costs lower) • Major exporter of rice, wheat, oilseed, cotton, jute, tea, sugarcane, fruit and vegetables, cattle, milk, poultry and fish • Children may have to contribute to family finances by doing small jobs on city streets, or working in carpet- and silk-weaving factories • Growing number of women in work force
Languages	• Several hundred languages • 18 languages have official status • Over 30% speak Hindi • Others include Punjabi, Tamil and Urdu • Ancient Sanskrit is the mother of all Indian languages
Religion/ Spirituality	• Hinduism, Buddhism, Jainism and Sikhism originate in India • 80% are Hindu • 12% are Muslim *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Religious, family oriented and philosophical • Value simple material comforts, physical purity and spiritual refinement • Even in hardship, one is to accept one's course in life as the will of God or fate • Gandhi and his ideals deeply respected • Traditional and modern values often collide • Seeking balance amid continual social change • Arranged marriages – last beyond death
Family	• Family over individual • Extended families together or close to each other • Elderly are respected and cared for by family • Father is the head of the household

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Republic of India

Culture, Sport, Leisure Activities	• Cricket and films – national passions • World's leading film-producing country • Television is rivalling films in popularity • Board games have a long history in India • Chess originated in India in the 16th century • Greatest works – Sanskrit holy books • Elaborately decorated temples • Paintings depict religious scenes or serve as objects of meditation for devotees • Dance rooted in Hinduism: god Shiva is Lord of the Dance • Dances performed in temples and tell stories through mime and gesture, drama and music • Of all the arts, Indian music is perhaps the best known in the West
FOOD AND ETIQUETTE	
Food	• Foods vary regionally • Curries and bean dishes popular; prepared in many ways • Highly flavoured with spices • *Tandoori* chicken, baked in a clay oven, is a popular entrée • Curries (egg, fish, meat or vegetable) are served with a grain (rice, wheat, millet or corn) • Yogurt, savory pickles and chutneys are also common accompaniments • Bread: delicate, unleavened *chapattis* or *rotis* in the West, thick fried *parathas* in the North and Central regions, and *dhosai* (rice and wheat flour crepes) in the South • Milk popular in a variety of forms (butter, yogurt, *chena* and *paneer* cheese, plain or flavoured buttermilk drinks) • *Falooda* is a drink made from milk, nuts, cream and vermicelli strands, while *lassi* is made from iced yogurt. Other popular drinks are spiced tea and coconut water • Hindus do not eat beef, and Muslims are forbidden to eat pork and pork products • Some Hindus are strict vegetarians, though they do consume dairy products • Betel leaves and nuts after meals to aid digestion • All castes have different food laws and customs
Etiquette	• At home, Indians often eat meals sitting cross-legged on a floor mat • No cutlery; the right hand is used for eating • Piece of fresh banana leaf or stainless steel plate (*thali*) serves as a plate • While the rest of the household eats, women serve the meals and wait until everyone has finished dining before sitting down themselves

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Republic of India

VERBAL/NON-VERBAL COMMUNICATION	
General Info	• People referred to by their first names; for example, a woman named Latha Vemuri would be called Miss Latha • Words "please" and "thank you" not used; actions are performed from a sense of duty and do not require these courtesies • To avoid conflict, "no" is not said directly, preferring to give a more polite answer such as "I will try"
Gestures	• Excessive hand gestures considered impolite • To beckon, turn palm down • Point with the chin • Grasping one's own ears expresses repentance or sincerity
Greetings	• First time generally greet each other formally and respectfully • Most popular form of greeting is the namaste, a slight bow with the hands pressed together in front of the face (allows people to greet each other without physical contact) • Once past the formal greeting, time spent trying to find some connection, no matter how small. Questions about birthplace, family and marital status are accepted ways of establishing an acquaintance • Handshakes with Westerners • Titles with last name to show respect
Inappropriate Behaviour	• One's feet or shoes should not touch another person. If they do, an immediate apology is necessary • Whistling is impolite • Women don't whistle or wink • Public display of affection is inappropriate
APPEARANCE AND PERSONAL CARE	
Dress	• Types of clothing vary regionally and according to religion • Women wear a saree or colourful pants with a knee-length shirt • Plenty of jewellery • Women may have a bindi (red dot) on forehead – sign of femininity, gracefulness and marital status (also, may be of different colour to match outfit) • Men wear Western-style suits or more traditional clothing
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

JAMAICA	
Continent	• **North America**
Major Cities	• Kingston (capital)
Major Ethnic Groups	• Majority of African ancestry (76%) • Many ethnic groups • Late 19th and early 20th centuries, Germans, Lebanese, Syrians and Jews to Jamaica • Intermarriage between the Jamaican peoples has led to a truly multi-racial society with its motto "Out of Many, One People" • Population about 3 million
Geography	• One of the largest islands in the West Indies, Caribbean Sea • Closest neighbours: Cuba, Haiti, the Dominican Republic • Several mountain ranges – Blue Mountains highest • Distinct feature of interior landscape is its thousands of caves, formed by water eroding the soft limestone • Mountains descend into lush valleys with sandy beaches and rocky headlands • Most of Jamaica's population lives along the coast • Jamaicans say their island is so fertile that "even the fence posts grow"
Climate	• At sea level, climate is tropical, with temperatures averaging 27°C and moderate rainfall • Temperatures generally 26°C – 32°C • Hurricanes
History	• Over 1,500 years ago, the Arawak Indians came from South America to Jamaica • Columbus' son Diego founded Jamaica's first Spanish settlement • Beginning in 1517, the Spanish transported Africans to work as slave labour • The British conquered the island in 1655 • Slavery was abolished in 1834 • In 1962, independence from Britain
Economy	• Mainstays are bauxite mining, alumina production • Agriculture (sugarcane, bananas, coffee, citrus fruits, tobacco, cocoa) • Tourist industry (largest foreign exchange earner)

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Jamaica

Languages	• English - the official language of Jamaica since the 17th century • Also, a unique language called Jamaican patois
Religion/ Spirituality	• Religion is fundamental to Jamaican life; evident in Jamaican speech, which has many references to Biblical events • 60% are Protestant; Anglican Church is the national church • Other churches include the Church of God (21%), Baptist, Seventh-Day Adventists, Pentecostal and Roman Catholic • The religious Rastafarian movement started in Jamaica • A large Jewish community in Kingston • Many Hindus and Muslims, descendants of people who came from India to work as indentured servants *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Marriage is less common than in other countries • Jamaicans adore children • About one-third of Jamaican women have their first child during adolescence • Women often raise children alone or in extended families • Relatives and neighbours are expected to help with child care in Jamaican communities • Men and women frequently have children with more than one partner; consequently, many Jamaican families are blended • Jamaica is a country of young people, with 40% of the population under 15 years of age • Teachers enjoy the respect of their students • Parents depend on teachers not only to educate their children, but also to become involved in their moral upbringing • Education is valued and often seen as the means to escape the cycle of poverty • Values: be neighbourly, charitable and thoughtful; flexible approach to life; honesty and hard work; financial security, prestige; homes, properties and motor vehicles are valued possessions
Family	• Most families headed by women – a tradition that grew out of colonial times, when slaves were not permitted to marry and raise families together • Mothers bear the primary responsibility for supporting children, as well as raising them

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Jamaica

Culture, Sport, Leisure Activities	• Music – central to Jamaican life and world famous • Church services feature gospel choirs; singers have risen to fame • Ska and reggae with Bob Marley, Jimmy Cliff, Monty Alexander and Shaggy • Literature includes poetry, folklore, novels, short stories and essays • Numerous Jamaican writers, including Velma Pollard, author of *Karl and Other Stories* (1993), and the poet Kwame Dawes, author of *Progeny of Air* (1994), have garnered international awards • Visual art, sculpture and wood carving have a long and powerful tradition • The most common themes are slavery, nationalism, spirituality and the family
Time Orientation	• Flexible; "soon come" can mean from five minutes to next week
FOOD AND ETIQUETTE	
Food	• Spicy; similar to other Caribbean countries, yet distinctive • National dish is saltfish with *ackee* (fruit of ackee tree, poisonous until its outer casing has opened, not consumed widely anywhere but Jamaica) • Breakfast – large - usually begins with a hot beverage (coffee, cocoa, tea, or herbal tea), perhaps followed by *bammy* (cassava bread), green bananas, roasted breadfruit, cornmeal porridge, yam or fried dumplings with salted fish (with or without ackee) • "Dinner" at midday: stews and curries • Main course usually chicken or fish, though beef, pork and goat meat also popular • Common fish dishes are escovitch fish, served with peppers and onions; rundown, which is fish boiled in coconut milk; and various curries, which were introduced by the island's East Indian population • Rice and peas (either gungo or black-eyed, or beans) often accompany main courses • For office workers, the midday meal may not be dinner, but lunch (sandwiches and a drink) • Supper is usually substantial. Meat dishes, accompanied by filling foods such as dumplings, sweet potatoes, yams, green bananas, breadfruit, rice and festival (fried flour sticks) • Famous for jerk meat (meat seasoned with a mixture of pepper, pimento, nutmeg, cinnamon, garlic and scallions, then grilled over coals covered with a corrugated iron sheet or slats of wood from the mahoe tree • Meat patties - another export from Jamaica

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Jamaica

	• Local tropical fruits both as desserts and snacks • The island produces numerous alcoholic drinks, such as rum and beers • Grower of fine coffee; the Blue Mountain variety is rated one of the best in the world • Coffee is also used to make the liqueur Tia Maria • Buffet meals popular • All hot drinks (coffee, tea, cocoa etc) are called "tea". Beer and white rum are popular
Etiquette	• Continental: fork in left and knife in right hand • Good table manners in public considered an important social refinement
VERBAL/NON-VERBAL COMMUNICATION	
Self-Expression	• Debates and verbal games popular • Fond of proverbs and use these freely. "What sweet nanny goat ago run him belly" means "What you like may not necessarily be good for you"
Gestures	• Animated when conversing; hand gestures help make a point • Respect or approval shown by touching fists • Greetings emphasized by holding on to an initial handshake or by touching the person's arm or shoulder • To hail a taxi, hand is kept down while waving • To get someone's attention, one may clap hands • Sucking air through teeth may express exasperation, but also a rude way to say "you don't impress me" • Traditional courtesies – men offer seats to women and open doors for women
Greetings	• Important to recognize others and to be recognized • Vary from a nod to a slap on the back to a kiss – depending who is involved • Strangers shake hands • Professional or formal titles used with last names unless well acquainted • Nicknames common
Inappropriate Behaviour	• Chewing gum, combing one's hair or kissing extensively is not common in public

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Jamaica

APPEARANCE AND PERSONAL CARE	
Dress	• Well dressed, especially for church
Hygiene (toileting, bathing)	• Male staff not to provide care to females • Rastrafarians (Jamaican religious group) do not cut their hair, wearing it in long dreadlocks
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

JAPAN	
Continent	• **Asia**
Major Cities	• Tokyo (capital); Osaka, Nagoya
Major Ethnic Groups	• Japanese (99%) • Population 127.5 million
Geography	• Made up of about 4,000 islands; four main islands • 70% of land is mountains. Mount Fuji - highest • Mild earthquakes common
Climate	• Four seasons • Monsoons and typhoons • North: winters are cold and often snowy • South: more tropical climate • Otherwise: warm, humid summers and mild winters
History	• Land of the Rising Sun • Emperors since 600 B.C. • Feudal lords (*shoguns*) until 1868 • 1945, the nuclear bombing of Hiroshima and Nagasaki • Under American military occupation from 1945 to 1952
Economy	• 1950s -1970s, rapid economic growth • 1980s, economically powerful and prosperous nation • Economy declined in the mid-1990s • Now working to restore prosperity • High quality manufactured goods (electronic goods such as computers, cameras and televisions) • Shipbuilder and car manufacturer • Steel, synthetic rubber, aluminum, sulfuric acid, plastics, cement, pulp and paper • Women 40% of workforce; position inferior to men
Languages	• Japanese

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Japan

Religion/ Spirituality	• No single religion dominates; combination of Shinto and Buddhism most common • Christianity (1%) *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Group oriented; loyalty to group and to one's superiors is essential and takes precedence over personal feelings • Work long hours in life-time employment • Politeness extremely important; phrase like "I will think about it" instead of saying "no" • Obliged to return favours and gifts • Honour age and traditions • Importance of saving face • Elderly may live with their children - tradition requires children to take care of their parents in their old age • Children traditionally taught: – being part of a group is more important than individuality – poor behaviour in public will reflect badly on the family and society in general – obey authority – complicated rules of formal behaviour • Rules are based on traditions of honour, loyalty • Shinto shrines play an important role in Japanese culture
Family	• Family - source of stability and strength • Family support critical for reaching one's full potential • Adults continue to live with parents until marriage (shortage of affordable housing)
Culture, Sport, Leisure Activities	• Karaoke • Sumo wrestling -most ancient and traditional sport • Martial arts judo, karate and aikido • Baseball, soccer, volleyball, tennis, skiing and jogging • Golf - sport for the wealthy; symbol of prestige • Children - kite flying and *origami* (art of paper folding) • Card games or board games involving strategy • Nintendo – Japanese invention • Three-line poetry *haiku*

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Japan

	• *Ikebana*, the art of flower arrangement, originated in the 13th century. The flowers symbolize heaven, earth and humanity • *Bonsai*, art of miniaturizing trees or plants • Calligraphy, ceramics and painting • Noh drama
Authority	• Authoritarian system
Time Orientation	• Very punctual
FOOD AND ETIQUETTE	
Food	• Traditional diet: fish, rice, vegetables, soya products and seaweed • Rice is served with every meal; special cooking method • Fish and soybean products are the main sources of protein. Soybeans are used in soya sauce, *tofu* (beancurd) and *miso* (a soya paste used in soups) • Sometimes *soba* (brown buckwheat) noodles are eaten instead of rice • *Sashimi, sushi, tempura* and *sukiyaki* – *Sashimi:* sliced raw fish eaten with *wasabi* (a green, hot horseradish paste) and soya sauce – *Sushi:* raw fish and rice wrapped in seaweed, cut into small round pieces and dipped in soya sauce and *wasabi* – *Tempura:* vegetables or seafood coated in a light batter and deep-fried until crisp – *Sukiyaki:* tofu, beef or fish and vegetables cooked together at the table • Traditional breakfast: white rice, cooked fish, vegetables, *miso* soup and *umeboshi* (salty pickled plums) • Dinner – parents and children eat together • The meal may be accompanied by green tea or *sake* (wine from fermented rice and served warm in small cups) • Diet has changed to include eggs, dairy products, meat, bread, beef and chicken
Etiquette	• Eat from bowl while holding it at chest level; no bending down to table • Chopsticks • Western food with utensils

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Japan

VERBAL/NON-VERBAL COMMUNICATION	
General Info	• Non-verbal communication important – one expected to sense another person's feelings on a subject without verbal communication. Inability to interpret feelings seen as insensitivity • Communication includes the concept of interpreting the underlying meanings of a conversation • No blunt language • Politeness is important – may say "yes" quickly, even if it only means that person is listening and will think about request • Family name precedes the given name • Most are addressed by their family names • Given names only for children or between close friends • Common to start conversation with apologies
Eye Contact	• Rude to stare • May close eyes to listen closely
Facial Expressions	• Smile - difficult to interpret; used to convey happiness, anger, confusion, embarrassment, sadness or disappointment • Happiness hides behind a straight face
Gestures	• Signal a negative response by holding a hand in front of the face and waving it back and forth sideways • When laughing, women expected to place their hand in front of their mouth to avoid showing their teeth • Pointing with index finger – ok • Refer to themselves by pointing an index finger at their nose • Shaking one hand from side to side with palm forward - "no"
Greetings	• Bow to greet and to show respect or gratitude • Depth of the bow depends on the occasion and on the social status of the individuals involved • When bowing, feet kept together; back straight • Women put their hands on the front of their legs and men keep their hands at their sides • Handshake with Westerners • To beckon, wave all fingers with palm down

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Japan

Touch	• Avoid touch in public or with strangers
Nodding	• Nod heads to show agreement or concentration during a conversation
Silence	• Silence shows respect
Acceptable Behaviour	• Sit up straight with both feet on the floor
Inappropriate Behaviour	• Rude to point at others, chew gum, lean against a door, or keep one's hands in one's pockets • Yawning in public is impolite • Placing an ankle over a knee – improper • Pointing with entire hand impolite
APPEARANCE AND PERSONAL CARE	
Dress	• Conformity • Western except in special occasions (kimono)
Hygiene (toileting, bathing)	• Customary to wash before getting into the bathtub • Tub is for soaking and relaxing, not for washing • The water stays clean so that another family member can soak in the same water afterwards
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

ISLAMIC REPUBLIC OF PAKISTAN	
Continent	• **Asia** • Bounded by India - east/southeast; the Arabian Sea - south, Iran – west; Afghanistan – west/northwest; China – north
Major Cities	• Islamabad (capital); Karachi and Lahore
Major Ethnic Groups	• Very diverse • Population over 165 million
Geography	• Some of the world's highest mountains in the north • Southern area -flat, with some of the hottest deserts in the world (temperatures can hover around 50°C) • Earthquakes are common • Indus river can flood during the rainy season
Climate	• Summer is hot; winter mild
History	• Muslim conquerors, then the British • Independence in 1947, divided into two parts: East Bengal and West Pakistan • In 1971, East Pakistan declared independence as Bangladesh • In 1998, became the world's seventh nuclear power
Economy	• Agriculture constitutes a large sector of the economy • The main export crops are cotton, rice, grain, sugar cane, jute • Industries: steel plants, sugar refineries, cement works, paper and textile mills, cars, electronics • Many young children work at factories rather than go to school (handmade carpets, silk fabrics, embroidered textiles, brass work and pottery)
Languages	• Urdu is the official language • Most people also speak regional languages (Punjabi, Sindhi, Baluchi and Paktun) • English is the language of the educated; in commerce and government

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Islamic Republic of Pakistan

Religion/ Spirituality	• Islam - official religion (over 97% are Muslim) • Remaining 3% is made up of Hindus, Buddhists, Zoroastrians and Christians • Islam pervades every fact of a Pakistani's life *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Families are usually large (average five) • Children are gifts from Allah • Teaching children the beliefs of Islam is one of the most important responsibilities of family life • Most marriages arranged; are unions of two families • Values: sincerity, emotion, energetic, respect for education
Family	• Extended families very close • The elderly often live with their children; treated with respect • Smaller family is becoming more of a reality in the urban areas • Men are the head of the family • Family honour is important
Culture, Sport, Leisure Activities	• Indus Valley civilization developed between 300 B.C. and 1500 B.C. (roughly at the same time as the Mesopotamian and Egyptian civilizations) • Long tradition of art and poetry • Focus of Islamic art is on geometric patterns and designs; is judged to be one of the most complex in the world • Field hockey, cricket and squash are favourite sports • Traditional sport is *kabaddi*, which combines characteristics of wrestling and rugby
Time Orientation	• Flexible with time. High-ranking people make you wait
FOOD AND ETIQUETTE	
Food	• Cuisine is a mixture of Arab, Turkish, Persian and Indian influences • Generally hot and spicy; curries • *Roti* (bread), *chawal* (rice), *sabzi* (vegetables) and *gosht* (meat) are the four main components of a Pakistani meal

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Islamic Republic of Pakistan

	• *Naan*, the most popular form of bread, eaten at almost any meal • No pork or cooking with lard; 'Halal' (Kosher) meats only • Chicken, lamb, goat and beef in curried form or char-grilled in a *tandoor* • Specialties include *kebabs, tikka* (barbecued spiced chicken), *korma* (meat curry) and *pulao* (rice cooked with meat) • Alcohol is prohibited in Islam • *Chai*, or tea, is a very popular drink, usually boiled with milk, cardamom, nutmeg and sugar • *Lassi* (yogurt drink) and *sugar cane juice* popular in summer
Etiquette	• Utensils or eating with the right hand • Chapati (bread) used to scoop up food • Men and women may eat in separate areas
VERBAL/NON-VERBAL COMMUNICATION	
Self-Expression	• Islam's influence - common to mention God's name in everyday instances • Courteous with lengthy small talk • Want to hear the other party's opinion first • Extrovert
Eye Contact	• Emotions expressed through eye contact
Facial Expressions	• Emotions expressed through facial expressions
Gestures	• Men might place the right hand over the heart when inquiring about the other person during a greeting • Items are passed with the right hand or both hands • To beckon, wave all fingers of the hand, palm facing down • Emotions not expressed with hand movements
Greetings	• Handshake is most common • Formally, people addressed by title and last name • First names used for friends and relatives • Women might greet each other with a handshake, hug or kiss • A man may greet another man's wife verbally without looking directly at her • Verbal greetings often include lengthy inquiries about one's health and family

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Islamic Republic of Pakistan

Etiquette	• A man must not shake hands with or touch a woman who is not his close relative • The bottom of one's foot or shoe must not point at another person (sit with both feet on the ground) • Inappropriate for the opposite sex to touch in public
APPEARANCE AND PERSONAL CARE	
Dress	• National dress consists of loose pants gathered at the waist and worn with a long shirt. • Women's clothing is more colourful, and is worn with a long scarf or *dupatta*. Some wear a *chaddar*, which is a shawl or long garment
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

REPUBLIC OF THE PHILIPPINES	
Continent	• **Asia**
Major Ethnic Groups	• Filipinos (Malay and Spanish descent) • Population about 90 million
Geography	• Over 7000 islands; most people live on 11 of them • Mountains; earthquakes and volcanic activities
Climate	• Tropical climate; in typhoon belt
History	• Landing point for peoples from many parts of the Pacific (Negritos, who reached the islands across ancient land bridges; seafarers from Indonesia, Vietnam, Cambodia, China and the Malay peninsula) • These peoples eventually blended into a unique Filipino culture • Small, politically independent communities • Spanish rule • Independence in 1946
Languages	• English and Pilipino (Tagalog) are the official languages
Religion/ Spirituality	• Roman Catholic (over 80%); Muslim (5%) *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Talkative in the Latin manner; warm and emotional • Interdependence is more important than independence • Accepting a favour obliges a repay with a greater favour • Education is highly valued • Fatalism • The ideal man is a macho man
Family	• Family more important than individual; extended family is the basic social unit • Adult children often support their parents and needy siblings • Women have a significant role in the family

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Republic of the Philippines

Culture, Sport, Leisure Activities	• Influences of Chinese, Malayan, Spanish and USA cultures • Basketball most popular sport • *Sipa*, popular with adults and children, is a type of volleyball that uses a rattan ball; players must drive the ball over a net using only their legs, body and feet • *Mah jong*, a Chinese game; chess; checkers; *dama* (type of draughts) and dominos popular, often played on street corners • *Bamboo*, rattan, coconut leaves, cotton, pineapple leaf and *abaca* fibre used for making baskets and cloth • Wood and clay are made into figures or everyday objects such as vases and cooking pots • Brass and bronze objects such as urns, trays and shields are crafted mainly by Muslims • Each ethnic group in the Philippines has its own musical tradition • Traditional Filipino dances reflect people's relationship with nature, the cycle of the seasons, the migration of birds and harvest activities • Long literary tradition that includes myths, epic tales, poems and folk stories. The country's greatest novelist and hero is José Rizal (1861-96), whose books *Noli me Tangere* (Touch Me Not) and *El Filibusterismo* (The Subversive) played a major role in uniting the Philippines against the Spaniards
FOOD AND ETIQUETTE	
Food	• Blend of Malay, Chinese, Arabic, American and especially Spanish elements • Rice, the staple food, is the basis of a typical meal and eaten for breakfast, lunch and dinner; rice also features in many desserts • Rice may be served with salted or smoked fish and vegetables, and is often spiced with garlic, vinegar, soy sauce and *patis*, a salty liquid made from fish. In certain areas, people cook rice with coconut milk, chili peppers and ginger • Three meals a day, with at least two snacks in between • Garlic is common spice • *Meriendas*, served at midmorning and mid-afternoon, are another Philippine tradition. They include rice cakes, *buko* (flesh of young coconut), *ginataan* (a fruit mixture cooked in coconut milk) and *halo-halo*, a dessert based on layers of fruit, diced gelatin and caramel custard topped with shaved ice and coconut milk or ice-cream • Green lemons (*calamansi*) used to make hot and cold beverages
Etiquette	• Spoons and forks most common utensils • Food is pushed onto the spoon with the back of the fork • Refusing any food is impolite

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Republic of the Philippines

VERBAL/NON-VERBAL COMMUNICATION	
Self-Expression	• Maintaining good social relationships more important than expressing personal views or delivering bad news • To avoid saying "no", may say "maybe" • Admiration is shown by imitation • Avoid risk taking
Facial Expressions	• A widely open mouth means "I don't understand"
Gestures	• Hand movements not excessive in conversation • Raising the eyebrows can mean "hello" or "yes"
Greetings	• Handshakes common, but verbal greetings alone are acceptable • Between women or between women and men, a kiss to each cheek is common • Younger people address older ones formally. "Uncle", "Aunt", "Grandmother" and "Grandfather" used for older people who are not relative • Professional titles are used commonly to show respect
Nodding	• A quick nod means "I don't know"
Touch	• Touching a person on the shoulder or putting the other hand on top of a handshake shows respect
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

PORTUGAL (PORTUGUESE REPUBLIC)	
Continent	• **Europe**; south and west of Spain • Includes two archipelagos in the Atlantic approximately 1000 km from the mainland - the Azores and the Madeira Islands
Capital City	• Lisbon (capital)
Major Ethnic Groups	• Portuguese • Population about 11 million
Geography	• Mountain ranges with lots of rain, cool temperatures • Agricultural land • Algarve with miles of sunny beaches on the coast (tourists)
Climate	• Varies from rainy and cool north to more moderate south
History	• One of the oldest countries in Europe • Roman and Moor occupation among many • Portuguese mariners and explorers roamed the world and dominated sea trade during the 15th and 16th centuries • Portugal colonized Brazil in South America, Mozambique, Angola and Portuguese Guinea in Africa, Goa in India and the trading post of Macao in China • Portugal joined the European Economic Community in 1986
Economy	• Cotton textiles - leading manufacturing activity • Decorative marble • Grains, potatoes, olives, almonds and grapes • Wine and port wine
Languages	• Portuguese (derived from Latin) • More than 200 million people speak Portuguese in Portugal, Brazil, Angola, Mozambique, Guinea-Bissau, the Cape Verde Islands, São Tome, Principe, Timor and Macao
Religion/ Spirituality	• Roman Catholic (over 90%), but many are non-practicing *For info on religions, see section "Religions/Spirituality"*

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Portugal (Portuguese Republic)

Societal Values	• Extended family ties strong • The elderly are highly respected • Unusual for a family to place an elderly member in a long-term care home. Daughters or daughters-in-law provide care • Today, gender roles are less defined as women challenge cultural norms and children have increased opportunities to make their own choices
Family	• Family members' individual roles used to be clearly outlined • Children leave home only when they marry • In urban settings, one child is common
Culture, Sport, Leisure Activities	• Soccer, track and field, automobile racing, roller-skate hockey • Going out to cafes and discos. Cafes are meeting places where family and friends gather. Teenagers may gather at one cafe, while seniors meet at another. Dance clubs can be found all over Portugal • Long literary tradition. In the Middle Ages, ballads called *romanceiros* were popular • Fado (fate) is similar to the blues in North America and sung with a deep feeling of *saudade* or loss. It is typically sung by a fadista, dressed in black and accompanied by two men playing guitars • Ceramic tiles used extensively for a variety of purposes
Authority	• Bureaucratic
FOOD AND ETIQUETTE	
Food	• Breakfast – coffee or milk and toast or a sandwich • Lunch – around 1 p.m. • Snack common around 4:30 p.m. • Dinner – between 8 p.m. and 9 p.m. • Lunch and dinner may consist of soup and a main dish. (meat or fish, vegetables and fruit or sweets for dessert) • Potatoes, bread, cheese and rice are staples • Fish and seafood. Sardines, for example, are grilled over charcoal and served with boiled potatoes

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Portugal (Portuguese Republic)

	• Pork in a variety of ways: *presunto*, smoked ham or sausages (*chouriço*, a dark sausage made from cured pork and spiced with garlic and paprika, *murcela*, a blood sausage, and *alheira*, a smoked sausage made from chicken, bread, and spices) • Vegetable-based soup is usually before or after the main course. *Caldo verde*, green soup, in the northern parts of Portugal. It is made out of potatoes, garlic, kale, olive oil and sausage • Traditional: Boiled salt codfish called *bacalhau* and a dish with boiled meat and vegetables known as *cozido à portugue* • Olive oil and vinegar in different forms of cooking • Sweets include sponge cake, honey cake, custard tarts, rice pudding and creme caramel • Strong espresso-style coffee served after the meal • Table wine is cheap and enjoyed at meals
Etiquette	• Continental with fork in left and knife in right hand
VERBAL/NON-VERBAL COMMUNICATION	
Self-Expression	• Like things in writing; great oratorical skills • Great negotiators
Gestures	• Reserved, yet many physical gestures in conversation • To beckon, wave all fingers with palm facing up • Pinching the earlobe and shaking gently while raising the eyebrows means that something is really good • Pulling down the skin just below the eye with the index finger can mean "You are perceptive" or "You are kidding me" • Spreading the fingers, palm down, and rocking the hand means "More or less" • Rubbing the thumb against the first two fingers, with the palm facing up, signifies money • Touching the tips of all fingers to the tip of the thumb with the palm facing up signifies fear or cowardice • Making a "V" sign or "rabbit ears" behind someone's head constitutes a serious insult – indicates lack of morals

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Portugal (Portuguese Republic)

Greetings	• Warm handshake; impolite to not extend one's hand or use proper titles in greeting • Surnames and titles are used • Friends often hug
Touch	• Common part of greeting; shows friendship
Inappropriate Behaviour	• Do not point at another person with index finger
Health, Illness and Death	*Note: See special information on death-related issues in the various faiths/religions and spiritual practices as they apply to an individual.*

PEOPLE'S REPUBLIC OF CHINA	
Continent	• **Asia**
Major Cities	• Beijing (capital), Shanghai, Taipei, Guangzhou, Hong Kong
Major Ethnic Groups	• Large number of ethnic/minority groups • Population 1.3 billion
Geography	• Second-largest country in Asia • Mountains and desert – west • Rivers and plains – east
Climate	• Sub-arctic – north; sandstorms • Sub-tropical – south; monsoons
History	• One of world's oldest civilizations • Several dynasties • Mao Zedong communist era • Currently, rise of capitalism • Many of world's inventions from China • The Great Wall of China, 6,000 km was built in the 3rd century B.C. to protect China's heartland from northern invasions
Economy	• Agriculture: rice, tobacco, corn, barley, soybeans, peanuts • Manufactured goods • Oil, minerals, coal, steel • Pollution, corruption, crime and rising unemployment are upcoming issues
Languages	• Mandarin – official language • Cantonese, Toisanese plus many other dialects • No alphabet; characters to express words, ideas or concepts
Religion/ Spirituality	• Buddhism, Taoism, Islam, Christianity • Philosophy of Confusiasm has strong influence *For info on religions, see section "Religions/Spirituality"*

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People's Republic of China

Societal Values	• Patriarchal: oldest males typically make decisions • Polite, hospitable, reserved; proud of their ancient history and achievements • Elderly are respected • Concerned with maintaining harmony. Authority rarely questioned • Some differences between Mainland Chinese and Hong Kong Chinese, due to their different exposures to the Western culture
Family	• Loyalty to family highly valued • Children expected to uphold the family name and bring honour to the family
Culture, Sport, Leisure Activities	• Artistic traditions stretch back thousands of years. Ceramic vessels have been found in graves over 10,000 years old • The highest form of visual art has traditionally been calligraphy, the art of writing Chinese characters • Rich musical traditions with many native instruments • Chinese opera • Table tennis, basketball and soccer are popular • Leisure time with family and friends • Watching television is a favourite pastime everywhere
Authority	• Rank is important; hierarchical system should be respected
Time Orientation	• Traditionally, being on time not important. In business, punctuality more important
FOOD AND ETIQUETTE	
Food	• Over 2,000 years ago, the Chinese printed cook books, imported ingredients, dined in restaurants and developed sophisticated cooking techniques • Cooking varies geographically • Important role in socializing • For working people, bought or pre-cooked foods are the norm, especially for breakfast • Lunch is usually eaten in work or school canteens, where cooked food is always available • Dinner is the main family meal, in which people share several dishes at a round table

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People's Republic of China

	• Wide variety of meats and vegetables • Dairy products are not part of the everyday diet • Soybean products provide protein and calcium • Steamed rice is basic staple • Important to balance hot and cold in body
Etiquette	• Chopsticks used for all meals • Food usually placed at the center of the table to be eaten with a bowl of rice • Sampling all dishes presented is good manners; leaving something or the plate indicates satisfaction with the food • Slurping soup and belching express enjoyment of food
VERBAL/NON-VERBAL COMMUNICATION	
Self-Expression	• Modest about personal abilities; boasting considered rude • Understate or convey meaning indirectly • Indirect criticism (applies to family and subordinates) • Avoid interrupting
Eye Contact	• Avoid direct eye contact with authority (sign of respect) and in publi:
Facial Expressions	• Facial expressions neutral; avoid showing emotion when conversing
Gestures	• Thumbs up = everything is ok
Greetings	• Formal introductions; most senior person is greeted first • Traditionally bow, but are used to handshaking • Smiling not common during introductions • Use of first name disrespectful unless asked
Nodding	• Nodding politely does not always mean understanding
Personal Space	• Keep respectful distance
Silence	• Highly valued and equated with being polite and contemplative • Asking questions may be seen as disrespectful

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People's Republic of China

Touch	• No touching unless know the person • Do not pat anyone on the head, back or shoulders; do not place your hand or arm on the back of a chair where a Chinese person is sitting
Voice	• Speak softly; loud voice considered rude
Acceptable Behaviour	• Spitting on the street
APPEARANCE AND PERSONAL CARE	
Dress	• Colour red brings good luck and is used for bridal dress. White is the colour of death • Good luck articles (jade, rope around the waist) may be worn to ensure good health and good luck. Avoid removing them
HEALTH, ILLNESS AND DEATH	
Health	• Harmony of body, mind and spirit important • Good luck items (see above) may be worn to ensure good health and luck. Avoid removing without discussion and permission
Consents	• Involve the oldest male in the family
Personal Care	• Same gender is preferred
Illness	• May believe that illness caused by imbalance of Yin and Yang (hot and cold) in the body and environment • Patient often takes a passive role; family involvement is expected • May not want hair washed when ill • May be fearful of having blood drawn believing it will weaken body
Dying Process	• May be concerned that person's spirit may get lost
Death	• Family may prefer to bathe body after death
Discussion about terminal illness	• Family may prefer not telling the patient of terminal illness, or prefer telling the patient themselves • Patient may become fatalistic and depressed, not wanting to talk about it
Pain	• May not complain. Important to observe non-verbal cues

SOMALIA	
Continent	• **Africa** (Horn of Africa); at the Indian Ocean
Major Cities	• Mogadishu (capital)
Marjor Ethnic Groups	• Somali (95%) • Population 8.9 million
Geography	• Mountains and mostly arid plains
Climate	• Four seasons: heavy rain, dry, short rains, harsh and dry • Hot (around 30°C)
History	• Ancient Somali history is uncertain, but the Somalis and Cushitic groups from whom the Somalis descended have lived in the Horn region at least as far back as 1000 A.D. • Coastal areas settlers from India, Persia, Arabia and Portugal • Opposed to colonialism – France, Britain, Italy • 1960 independence – Somali Republic, uniting British and Italian Somalilands • 1981, civil war • Currently, political instability
Economy	• Political instability, lack of skilled labour, famine, etc inhibit economic growth • Sheep, goats, cattle and camels are main export • Exports include maize, sorghum, sugar cane, cassava, beans and bananas • Recent discoveries of natural gas and petroleum have attracted interest from US and European companies • In some regions, 50-70% are nomadic with camels, cattle, sheep and goats
Languages	• Somali with three distinct dialects • Until recently, Somali was unwritten language; not yet fully standardized • Arabic • University-educated may speak English or Italian
Religion/ Spirituality	• Nearly all are Sunni Muslims *For info on religions, see Section "Religions/Spirituality"*

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Somalia

Societal Values	• Rural Somalis – hardly any exposure to anything outside Somalia • Equality; subservient to no one but Allah • Women can own property and manage businesses • Women occupy a vital position in the extended family • Arranged marriages common; divorce is legal • Women and girls are expected to have hisaut, a sense of modesty or shame • To show respect, women follow behind men when walking; children follow behind their mother
Family	• Belong to clans • Family loyalty important • Good deeds bring honour to family • The more fortunate in the family help the less fortunate • Family hierarchy – who should be helped first
Culture, Sport, Leisure Activities	• Favourite leisure activity of adults -conversation with their friends and relatives • Soccer and basketball • Somali is an extraordinarily rich and expressive language, and poetry is a national passion
FOOD AND ETIQUETTE	
Food	• Cuisine reflects the people's clever use of scarce resources • Day begins with a flat bread (canjero), liver, and either cereal or porridge made of millet or cornmeal • Midday meal is the largest: rice or noodles (pasta became very popular under Italian rule) with sauce and perhaps meat • Evening meal is very light: beans, *muffo* (patties made of oats or corn) or a salad with *canjero* • Spiced tea, but sheep, goat and camel's milk are also popular • Milk is a staple food for many rural Somalis; men who travel with the camel herds may drink up to nine litres a day • Milk stored in a covered pitcher or a wooden bucket (fresh milk will keep for days despite the hot climate) • Cooked butter becomes *ghee*; will keep for several months in a leather container

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Somalia

	• Camel milk fermented for a month becomes *jinow*, a solid, yogurt-like substance • Favourite meats: goat, camel, sheep or lamb • Muslims forbidden to eat pork or pork products • Only young male animals or females too old to produce offspring are used for food • Camel meat also includes the fat contained in the camel's *gol* (hump). A camel with a very large gol (sometimes one metre) may be slaughtered for this food
Etiquette	• When a group, women and men eat separately • Men served first • Diners wash their hands in a bowl of water before and after meal • On festive occasions, hands perfumed after meal • Large common platter on a table • Eat with right hand from the portion directly in front of them • Guests given larger portions • Overeating unacceptable
VERBAL/NON-VERBAL COMMUNICATION	
General Info	• Famous for their eloquence, wit and stories, and often judge a person based on their abilities as a speaker • Proverbs play an important role in everyday communication, and people tend to use them frequently • Language viewed as a means of saving face and presenting a powerful character to the world • Humour used to combat an opponent's criticism or smoothly escape from an embarrassing situation
Gestures	• Sweeping hand and arm gestures to dramatize speech • Eyes follow the direction of the hands; fingers may flutter • Many ideas expressed through hand gestures (placing both index fingers parallel to one another indicates "the same"; a swift twist of the open hand and wrist means "nothing" or "no" • Thumb under chin indicates fullness • Snapping fingers may mean "long ago" or "and so on"

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Somalia

Greetings	• Like to shake hands, but may not welcome a handshake from a stranger • Muslims shake hands only with people of the same sex • Greet each other by name • *Nabad* (Peace) is common greeting • Greetings followed by inquiries about general health and exchange of information • Men shake hand firmly three times before putting that hand to their hearts
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

REPUBLIC OF KOREA (SOUTH KOREA)	
Continent	• **Asia** • Peninsula in northeast Asia, south of Russia and China • The Sea of Japan and the Korean Strait separate Korea from Japan on the east • The Yellow Sea separates Korea and China on the west
Major Cities	• Seoul (Capital); Pusan
Major Ethnic Groups	• Koreans • Population 48.8 million
Geography	• Varied terrain • 75% of Korea is mountainous • Lush and fertile south-western area of Korea = the rice bin • About 300 of the 3000 islands that surround Korea inhabited
Climate	• Four distinct seasons • Northern areas cooler than southern areas • Winter begins in November and lasts until March. Winds blow in from Siberia; temperatures can fall to -15°C • Summer (monsoon season) from June to August; hot and humid with temperatures up to 35°C • Spring and fall - moderate temperatures; clear and bright skies
History	• Evidence of human civilization in the Korean peninsula dating from 5000 B.C. • System of movable printing blocks in the 14th century. Printed books before the invention of the Gutenberg printing press in Europe in the 15th century • Choson Dynasty ruled from 1392 until 1910, longer than most other dynasties in world history • Late 19th century, China, Russia and Japan competed for occupation of Korea • Japanese invasion 1910 – 1945 • Independence 1948
Economy	• Electronic technology, manufacturing and service industries • Junior employees pay great respect to senior employees • Women hold traditionally female jobs like teaching and clerical work; make up approximately 40% of the workforce

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Republic of Korea (South Korea)

Languages	• Korean
Religion/ Spirituality	• Buddhism, Christianity, Confucianism *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Life is defined by family relationships • "Face" or reputation is critical; determines correct behaviour • Confucian beliefs influence family roles and relationships between the government and people, men and women, parents and children, and seniors and young people • Children taught to respect their elders and to fulfill family duties • Families look after their elderly parents • Common for women and men to socialize in different rooms • Women stay home after marriage • Industrious; competitive spirit • Protocol very important; give the respect due to a person's rank, status or age. If not, you become an "unperson" – not cared about • Willingness to suffer hardship for the good of the country
Family	• Traditionally, extended families lived together • Today more people are moving into their own apartments in urban centres • Smaller families are becoming common
Culture, Sport, Leisure Activities	• Leisure industry is one of the fastest-growing industries. Traditional sports like *tae-kwon-do*, a form of martial arts and *ssirum*, an entertaining spectator sport, similar to wrestling • International medals in handball, volleyball, archery, swimming and wrestling • Basketball, soccer and skiing popular • People of all ages like to hike on local mountains
Authority	• Superiors are highly respected
Time Orientation	• Relatively punctual

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Republic of Korea (South Korea)

FOOD AND ETIQUETTE	
Food	• Traditionally, the entire family ate breakfast, the main meal of the day, together • Because of industrialization and an increasingly western lifestyle, dinner has become the largest meal of the day • Meals include soup or *kuk* and rice or *pap*, served with highly seasoned side dishes such as *banchan* made of vegetables, beef, chicken, pork or fish • Thick stews with meat, potatoes, onions, bean curd and zucchini, seasoned with sesame oil, garlic, pepper and bean or red pepper paste are called *chigae* • Staple of every meal is a fermented spicy pickle called *kim chi* (Chinese cabbage, *paechoo*, and radishes or cucumbers, soaked in salt water. Later, seasoned with garlic, onions, ginger, chilies and salted fish granules) • In urban households, the vegetables are stored in vacuum jars and kept in the refrigerator or a cool dark place for at least one month • Cooks in the Korean countryside store *kim chi* in clay pots and bury them in the ground to ferment • Teas from ginseng, ginger and green tea are popular hot drinks • Cold drinks made with sweet persimmon or cinnamon; flavoured with honey • Traditional foods at holidays are sweet and sticky rice cakes that may be flavoured with red bean jelly, nuts or fruit • Cookies made from rice, beans and sesame seeds, held together with molasses, are favourite treats
Etiquette	• Good manners to wait until the older people at the table have picked up their spoons or chopsticks before you begin eating • Knives or forks not used • Food is cut into bite-sized pieces before it is served • All the food is placed on the table at once and eaten out of bowls • Slurping soup, smacking lips and belching heartily show appreciation of the meal

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Republic of Korea (South Korea)

VERBAL/NON-VERBAL COMMUNICATION	
General Info	• Energetic conversationalist; intense when serious • Courteous listeners • Giving the Korean "face" is essential • Age determines how a person is addressed; have different ways of talking to older or younger people that reflects this aspect of their culture • Formal and polite expression for elders and strangers; informal expression for friends • May give a positive answer to a question when they actually mean the opposite. The answers "yes", "yeh", and "no", "aniyo", depend upon the nature of the question. This may lead to some misunderstanding • To be polite, they agree with your question first, then answer it
Eye Contact	• Eyes are lowered when speaking to an older person; disrespectful to make direct eye contact
Greetings	• Bow • Businessmen shake hands and may bow • Never address an older person by his or her first name; use last name with a title
Personal Space	• Defined personal space required in formal situations • Used to working close to each other
Touch	• Not appropriate; an affront
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

SRI LANKA	
Continent	• **Asia**
Major Cities	• Colombo (capital)
Major Ethnic Groups	• Sinhalese (Indian; (74%)) • Tamil (20%) • Population 20 million
Geography	• Small tropical island in the Indian Ocean • South – mountains • Rainforests with elephants, leopards, crocodiles, sloths, bears, jackals, peacocks and flying foxes • Tropical fruits such as pineapple, mango, passionfruit, papaya and avocado grow in abundance
Climate	• Tropical • Monsoons
History	• Settlers from India between 500 and 300 B.C. • Tamils from the southern states of India and settled in the Jaffna peninsula, still the centre of Sri Lankan Tamil culture • Greatest irrigators of the ancient world • European colonialism in Sri Lanka, then known as Ceylon • 1948, Ceylon an independent state within the British Commonwealth (name did not change to Sri Lanka until 1972) • Ongoing confrontations between Sinhalese and Tamil
Economy	• Agriculture - main economic activity • Tea, rubber, cinnamon, clove and coconut plantations • Mining - gem stones (emeralds and rubies) • The best graphite in the world
Languages	• Sinhala and Tamil - official languages; Sinhala the primary one • English – primary language of business

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Sri Lanka

Religion/ Spirituality	• Buddhism (70%; Sinhalese), Hinduism (15%; Tamils), Christianity and Islam • Buddhism and Hinduism influences political, cultural and social life *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Born into a caste, a hereditary social class that influences their choice of profession and marriage partner; starting to fade • Friendly, open attitude • Family and education two major values • Teachers and people with degrees highly respected • Modesty, obedience; loyalty to family and one's group • Though many women wage earners, their primary duties are those of mother and wife • Women are in charge of finances and often have the last word on their children's arranged marriages • Marriage, traditionally arranged by parents, is considered the most important event for all Sri Lankans
Family	• Family ties very strong • Seniors live with their adult children, holding a respected place in the family • Extended families may live in compounds that include many relatives' houses and gardens
Culture, Sport, Leisure Activities	• Cricket, soccer, table tennis, volleyball • Sri Lankan and Western movies • Leisure time with family, at school events or in religious observances • Particularly in rural areas, storytelling an important pastime • When visiting each other, men and women break into separate groups. Men may play bridge; women get together outside or on the veranda to chat, sing and weave mats and baskets • Handicrafts (batik, weaving to metalwork) • Gentle humour - a feature of much Sri Lankan art: *kolan*, a mixture of dance, mimicry and drama; *baila*, songs on love, history, social and political events • Drum is national instrument • Literary tradition goes back over 2,000 years • Live and puppet theatre

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Sri Lanka

FOOD AND ETIQUETTE	
Food	• Food is more than something to eat: expresses spirituality and devotion to family and friends • Rice has a mystic significance and is a must for any special occasion; both Hindus and Buddhists use it as an offering in the temple • Lunch is the largest daily meal • Less meat; more legumes and nuts • In the cities, breakfast light (bread with jam, curry, *dhal* (curried lentil soup) or fresh fruit • Hoppers, thin pancakes made of rice flour (egg hoppers and honey and yoghurt hoppers) • Rural areas –heartier, spicier breakfast • Rice (red or white) - cooked in coconut milk or water • Rice boiled in meat stock, called *lamprais*, is mixed with meat and vegetables • Curries - favourite dishes for lunch and dinner • Curry spices grown locally (tumeric, cardamom, cloves, nutmeg, black pepper, cinnamon sticks, curry leaves and powder, pandanus leaves, fresh chilies and garlic) • Countless curry variations (fish, chicken, grains, or fruit and vegetables; curries stuffed into rotis sold by street vendors) • Curries – spicy, served with side dishes • Popular alcoholic drink is toddy from palm tree sap
Etiquette	• Eat with fingers of right hand rather than forks and spoons • Men and guests served first • After meal, people drink water and wash their hands in a bowl of water
VERBAL/NON-VERBAL COMMUNICATION	
General Info	• Head - most sacred part of the body; feet the least • Do not touch another person's head
Gestures	• Right hand to pass objects and eating (left is for hygiene) • Both hands for giving or receiving gifts (gift given with only one hand indicates not giving wholeheartedly) • To beckon, hold hand at head level, palm facing out, and all fingers waving together

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Sri Lanka

Greetings	• No handshakes when meeting or taking leave (traditional) • Raise palms below their chin and bow slightly • Today many people shake hands, though only with those of the same sex • Titles important, even among close friends
Touch	• Men may hold hands in public • Do not touch another person's head
Nodding	• Wagging or tilting head from side to side indicates agreement • Shaking head gently during conversation means one is listening • Shaking head firmly with mouth closed can mean "no"
Inappropriate Behaviour	• Handholding between sexes • Do not use feet to point at anything • Pointing with index finger is impolite
APPEARANCE AND PERSONAL CARE	
Dress	• Pride in appearance • Young – Western clothes • Older people- traditional forms of dress (women: saree; men: loose fitting pants with long shirt) • At home, men may wear sleeveless shirt and sarong, a piece of cloth wrapped around the waist, reaching to ankles
Hygiene (toileting, bathing)	• Left hand used for hygiene
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

REPUBLIC OF TRINIDAD AND TOBAGO	
Continent	• **North America**, off the Venezuelan coast
Major Cities	• Port of Spain (capital) • Scarborough (capital of Tobago)
Major Ethnic Groups	• One of the world's most multi-ethnic populations • Africa, India, Europe, Asia, Middle East • Most people are East Indian (40%) or black (38%). Tobago's population mostly black • Population just over one million
Geography	• Trinidad – mountainous • Toboga – hilly and flat lands • Tropical rain forests, rivers, mangrove swamps, tropical savannahs, streams and a diverse and colourful marine life
Climate	• Temperature ranges from 20°C to 32°C
History	• Spanish colony in 1552 (for 200 years) • Tobago changed hands among the Spanish, French, British and Dutch from the 15th to the 18th centuries • In 1797, Spain surrendered Trinidad to the British • Slavery was abolished by the 1830s • Republic within the Commonwealth in 1976
Economy	• Early 1900s, oil discovered in Trinidad • Major exporters of ammonia, urea, methanol, petroleum and wire rods • Has the largest economy of all Commonwealth Caribbean countries • Oil boom has improved the status of women – more education and job opportunities • Women are steadily moving into professional positions with higher incomes
Languages	• English – the official language • All share French-based Creole called patois

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Republic of Trinidad and Tobago

Religion/ Spirituality	• Multi-religious society • Many Christian denominations • Evangelical churches and the Baptists have steadily grown • Hinduism is widely practiced today (24%) • Islam, Buddhism and Taoism • *Orisha*, a traditional African religion, has recently been acknowledged by Parliament. It is a belief system based on nature and includes a rich mythology and lifestyle guidelines. *Orisha* followers celebrate a festival called *Oshun*, in which they clean the banks of the river and make offerings to the sea *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Religious; church attended weekly • Friendly; respectful, strong willed, educated and loyal people • The elderly and clergy held in high esteem • Proud of rich heritage • Children highly valued; strict discipline • Extended families are also active in raising children • Most children live with their parents until they marry
Family	• Extended families are important in general • Siblings and extended family members live close to each other
Culture, Sport, Leisure Activities	• Calypso music • Steel drums • Cricket; soccer; water sports
Time Orientation	• Relaxed attitude toward punctuality
FOOD AND ETIQUETTE	
Food	• Love to cook and eat • Trinidad's history is reflected in its food; blend the taste and style of different ethnic and colonial groups • Breakfast is light (tea, juice, cereal, bread, cheese, meat, eggs) • Lunch is the big meal • Chicken or fish with most dishes • Main meals: macaroni pie, stewed chicken, small flat fried bread and saltfish cooked with vegetables

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Republic of Trinidad and Tobago

	• Rice with chick peas or with vegetables • Rotis among East Indians • Desserts not tradition; may have fruit and ice cream • Typical Sunday dinner may include *callaloo*, a combination of spinach and crab Other favourites are curried crab and *coocoo*, a cornmeal and okra pie
Etiquette	• Fork or spoon or hands used for eating • Asking for seconds not acceptable in formal settings
VERBAL/NON-VERBAL COMMUNICATION	
General Info	• Laughter • Hands used to emphasize speech • Tooth-sucking noise to express disgust, frustration or disapproval Rude for a young person to do to an elder
Greetings	• Close friends may shake hands or hug • Women or mixed couples may kiss once on the cheek • Men may greet with a *bounce* – each man touches the closed fist of the other • Customary to ask a friend about his or her health during the greeting • First names and nicknames only among family and friends • Title Mr., Mrs., Miss. followed by last name
APPEARANCE AND PERSONAL CARE	
Dress	• Appearance important
Health, Illness and Death	*Note: See special information on death-related issues in the various faiths/religions and spiritual practices as they apply to an individual.*

UKRAINE	
Continent	• **Europe** (southeast)
Major Cities	• Kyiv (Kiev)
Major Ethnic Groups	• Ukrainian • Russian • Population about 50 million
Geography	• Mostly fertile agricultural land (used to be called the "bread basket of Europe") • Carpathian mountains to the west
Climate	• Pleasant summers; snow in winter
History	• Long history under various rules; last one, Russian • 1986 nuclear accident at Chernobyl • Independence 1991 • University at Lviv in 1661 - one of the oldest in the world
Economy	• In transition from communism to market economy • High unemployment • Grain, coal, iron, gas, salt and clay • Machinery, cars and trucks, tractors, aircraft, radio electronics and ships
Languages	• Ukrainian • Russian
Religion/ Spirituality	• Christianity (Ukrainian Orthodox and Ukrainian Catholic) • Half a million Jewish people *For info on religions, see section "Religions/Spirituality"*
Societal Values	• Enjoy singing and dancing • Openness, wit, humour and individualism appreciated • Friendships important • Two-thirds live and work in cities • Education highly valued

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Ukraine

	• Being Ukrainian important • Christianity is once again becoming an important part of the lives of many Ukrainians
Family	• Close-knit families • Housing shortage; crowded
Culture, Sport, Leisure Activities	• Love to entertain their friends in their homes • Soccer - favourite national sport • Volleyball, basketball, horse-racing and ping pong • Hiking and mountaineering • Hockey stars • Singing, folk dance • Famous Easter tradition: decorated eggs called pysanky • Weaving and woodcarving • Icon painting • Kyiv Ballet is one of the best in the world • Nikolai Gogol, writer
FOOD AND ETIQUETTE	
Food	• Light breakfast • Main meal in mid-afternoon: two main courses (soup and meat or fish) • Third meal, 6 or 7 p.m., eaten with family • Hearty and filling food (cabbage rolls; peppers or tomatoes stuffed with meat) • Dumplings (*varenyky* or *pyrohy*, with flour and stuffed with cheese, meat, vegetables, fruit or jam). Often served with sour cream • *Borscht*, a soup made with beets and meat • Famous for its breads and pastries
Etiquette	• Hands on the table; improper to leave in the lap • Fork in the left hand; knife in the right • Leaving food on one's plate considered wasteful • Guests honour host when asking for second helping • Refusing additional servings is seen as a gesture of modesty

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Ukraine

VERBAL/NON-VERBAL COMMUNICATION	
General Info	• Women expect chivalry from men; rude for a man to not open a door for a woman or not offer a seat to a woman in a bus • Youth offer their seat to their elders • Polite to stand when a woman enters the room
Eye Contact	• Important to establish a few times during conversation; not all the time
Facial Expressions	• Reserved • Smiling at strangers rare and viewed as flirtatious
Gestures	• Hand and body gestures used moderately • Pointing with index finger is uncultured
Greetings	• Shake hands when they meet and when they say goodbye • Men wait for women to extend their hand first • In formal situations, titles and last name used • Informal greeting: wave hand and verbal "Hi" or "Good day" • When first meet someone, they may shake hands and introduce themselves, rather than say "How do you do?"
Nodding	• Expresses approval
Inappropriate Behaviour	• Keeping hands in the pocket or arms folded across the chest when talking to a superior • No chewing gum when talking
APPEARANCE AND PERSONAL CARE	
Dress	• European fashion • In the countryside, women may cover their heads with colourful scarves
Health, Illness and Death	*Note: As these issues are often affected by a person's religion, please review the section on Religions for information.*

References

Selected Books

Axtell, Roger E. *Gestures. The DO's and TABOOs of Body Language Around the World.* New York: John Wiley & Sons, 1998. ISBN 0-471-18342-3.

Ford, Clyde W. *We Can All Get Along. 50 steps you can take to help end racism at home, at work, your community.* New York: Dell Publishing, 1994. ISBN 0-440-5-570-4.

Lewis, Richard D. *When Cultures Collide. Leading Across Cultures.* 3rd ed. Boston: Nicholas Brealey International Publishing, 2006. ISBN-13: 978-1-904838-02-9; ISBN-10: 1-904838-02-2.

Matlins, Stuart M., and Arthur J. Magida, eds. *How to Be a Perfect Stranger. The Essential Religious Etiquette Handbook.* Edited by. 3rd ed. Woodstock, VT: Skylight Paths Publishing, 2003. ISBN 1-893361-76-5.

Norris, Donald M., and M.C. Joelle Fignole Lofton. *Winning With Diversity. A Practical Handbook for Creating Inclusive Meetings, Events, and Organizations.* USA: American Society of Association Executives Foundation, International Association for Exposition Management Foundation, International Association of Convention and Visitor Bureaus Foundation, Meeting Professionals International Foundation, and Professional Convention Management Association Education Foundation, 1994. ISBN 0-88034-093-2.

Srivastava, R. *The Healthcare Professional's Guide to Clinical Cultural Competence.* Toronto: Elesvier Health Science/Mosby Canada, 2007.

Ting-Toomey, Stella. *Communicating Across Cultures.* New York: The Guildford Press, 1999. ISBN 1-572530-445-6 (pbk).

Turkwych, Christine, PhD, and Helena Guerreiro-Klinowski, MA. *Intercultural Interviewing: The Key to Effective Hiring in a Multicultural Workforce.* Hull, Quebec: International Briefing Associates, 1992.

Varner, Iris, and Linda Beamer. *Intercultural Communication in the Global Workplace.* News York: McGraw-Hill/Irwin, 2005. ISBN 0-07-282922-2.

Kolb, Patricia J. *Caring for our Elders: Multicultural Experiences With Nursing Home Placement.* New York, Columbia University Press, 2003.

Journal Articles

Anderson Joan M., et al. "Health Care Reform and The Paradox of Efficiency: 'Writing in' Culture." *International Journal of Health Services.* 2007. (vol 37 (2), p. 291-320).

Blanter Rita & Patricia M. Page. "Successful Culturally Sensitive Home Care Program." *Caring Magazine*. December 1995: 12-14.

Brotman, Shari. "The Primacy of Family in Elder Care Discourse: Home Care Services to Older Ethnic Women *Canadian Journal of Gerontological Social Work*. 2002. (vol 38 (3), p. 19-52).

Brotman, Shari. "The limits of multiculturalism in elder care services." *Journal of Aging Studies.* May 2003. (vol 17, p. 209-229).

Capitman, John. "Defining Diversity: A Primer and a Review" *Generations.* Fall 2002: 8-14.

Chang, Wei-Wen. "Cultural Competence of International Humanitarian Workers." *Adult Education Quarterly.* May 2007.

Chenowethm, L., et al. "Cultural Competency and Nursing Care: an Australian perspective." *International Nursing Review.* 2006. (vol 53, p. 34-40).

Chrisman, N. J. "Backyard cultural change: diversity workshops at the institution level." *Journal of Multicultural Nursing & Health.* 1998: 4(1): 6-10.

Dieser, R. B. and J. J. Peregoy. "A multicultural critique of three therapeutic recreation service models." *Annual in Therapeutic Recreation*. 1999: 8 56-69, 82-3, 90.

Dieser, Rodney B. "Understanding Cross-Ethnic Interactions When Using Therapeutic Recreation Models." *Therapeutic Recreation Journal.* 2003. (vol. 37 No. 2, p. 175-189).

Dreachslin, Janice. "A systems Approach to Culturally and Linguistically Competent Care." *Journal of Healthcare Management.* July/August 2007: 52:4.

Evans, Bronwynne C. & Severtsen B.M. "Storytelling as Cultural Assessment." *Nursing and Health Care Perspectives.* August 2001: 181-183.

Gill, Sheem. "Spirituality and Religion in Multiethnic Palliative Care." *Cancer Nursing Practice.* 2005 (vol 4 (1), p.17-21).

Gold, Marla Fern. "Making Diversity Work." *Provider*. May 2007: 27-37.

Hendrix Levanne R. "Intercultural Collaboration: An Approach to Long Term Care for Urban American Indians." *Care Management Journals.* 2003 (vol 4 (1), p. 46-52).

Jezewski M.A.,"Culture Brokering as a Model for Advocacy." *Nursing and Health Care.* 1993. (vol 14 (2), p.78-85).

Jones, M. E., C. L. Cason, et al. (2004). "Cultural attitudes, knowledge, and skills of a health workforce." *Journal of Transcultural Nursing.* 15(4): 283-90.

Kagawa-Singer M, "Diverse cultural beliefs and practices about death and dying in the elderly." *Gerontology and Geriatrics Education.* 1994. (vol 15 (1), p. 101-116).

Kagawa-Singer M. "Cross-cultural views of disability." *Rehabilitation Nursing.* 1994. (vol 19, p. 362-365).

Lester N. "Cultural Competence: A Nursing Dialogue." *American Journal of Nursing.* 1998. (vol 98 (8), pp 26-33).

Lester N. "Cultural Competence: A Nursing Dialogue 2." *American Journal of Nursing.* 1998. (vol 98 (9) p. 36-42).

Levine, Carol. "Family Caregivers, Health Care Professionals and Policy Makers: The Diverse Cultures of Long-Term Care." *Journal of Social Work in Long-Term Care Vol 2.* No.1/2, 2003: 111-123.

Masson, Veneta. "Here to Be Seen: Ten Practical Lessons in Cultural Consciousness in Primary Health Care." *Journal of Cultural Diversity.* Fall 2005. (vol 12 (3) p. 94 -98).

Mold, F., J. M. Fitzpatrick, et al. (2005). "Minority ethnic elders in care homes: a review of the literature." Age & Ageing. 34(2): 107-13.

Phillips, Marrise, "The Challenge of Cultural Diversity." *Dermatology Nursing.* August 2003. (vol 15 (4).

Rawlings-Anderson, K. (2004). "Assessing the cultural and religious needs of older people." *Nursing Older People* 16(8): 29-33.

Richardson, Julee, "Caught in the Middle of Cultural Diversity." *Provider.* October 1995: 110-112.

Riley, M. M. "Diversity for the duration... how can agencies successfully implement diversity programs with long-lasting, positive effects?" *Caring.* 1995. 14(12): 54-6.

Romeo, Cathy, "Caring for Culturally Diverse Patients: One Agency's Journey Toward Cultural Competence, *Home Healthcare Nurse.* March 2007. (vol 25(3). p. 206-213).

Salman, Ali et al, "Cultural Competence Among Staff Nurses Who Participated in a Family-Centered Geriatric Care Program." *Journal for Nurses in Staff Development.* May/June 2007. (vol 23 (3).

Schim, S. M., A. Z. Doorenbos, et al. (2006). "Enhancing cultural competence among hospice staff." *American Journal of Hospice & Palliative Care.* 23(5): 404-11.

Schmidt, Laura M. & Audrey Kinsella, "Enhancing Communications with Multicultural Patient Populations." *Caring Magazine.* March 2003.

Thom, David H. et al "Development and evaluation of a cultural competency training curriculum." *BMC Medical Education.* July 2006. (Vol 6 (38).

Waite, M. S., J. O. Harker, et al. "Interdisciplinary team training and diversity: problems, concepts and strategies." *Gerontology & Geriatrics Education.* 1994. 15(1): 65-82.

Wells, S. A. (1995). "Creating a culturally competent workforce." *Caring.* 1995. 14(12): 50-3.

Williams, C. C. (2005). "Training for cultural competence: individual and group processes." *Journal of Ethnic & Cultural Diversity in Social Work.* 14(1/2): 111-43.

Xakellis, George, et al "Curricular Framework: Core Competencies in Multicultural Geriatric Care", *JAGS.* 2004. (vol 52 (1) p.137-142).

Selected Websites and Materials – Organized by Topic or Purpose

Training Manuals

www.nmci.org/store/manuals.htm (National Multicultural Institute website)

www.nmci.org/publications/case_studies.html (National Multicultural Institute website – case studies)

www.nmci.org/store/manuals.htm#tips_tools (National Multicultural Institute – tips and tools for a diverse work place)

www.nmci.org/publications/index.html (National Multicultural Institute – catalogue of their publications)

Training Videos/DVDs/CDs/Manuals

www.business-marketing.com/store/diversity.html (Free on-line previews)

www.diversityconsultingcompany.com/products_game.html (Computer or hard copy game)

www.rctm.com/Products/diversitydisabilityProducts/diversitydisability/6408.htm (How To Deal With Cultural Diversity In The Work Place--Revised! and other resources)

www.alz.org/national/documents/GEN_OUT-MulticulturalManual.pdf (Multicultural Manual Alzheimer's Association, Chicago IL)

Diversicare Canada Management Services Co., Inc. (Rockcliffe / Altamont). *Creating a Bridge Across Cultural Divides: An Ethnocultural Guide for Frontline Staff.*

Ontario Multifaith Council on Spiritual and Religious Care. *Multifaith Information Manual,* 4th ed. Toronto: 2000.

Cultural Competence

www.rnao.org/bestpractices (Registered Nurses Association of Ontario, *Embracing Diversity in Health Care: Developing Cultural Competence,* ISBN – 0920166-86-5) – A very valuable resource for nursing administrators and policy makers.

www.bjbc.org/index.asp (Better Jobs Better Care)

www.bjbc.org/page.asp?pgID=102 (Cultural Competence: Can it Satisfy LTC Worker, Patient and Families?)

http://mentalhealth.samhsa.gov (SAMHSA's National Mental Health Information Center)

www.crosshealth.com (The Center for Cross-Cultural Health (CCCH)

www.kff.org (The Henry J. Kaiser Family Foundation)

www.pcpi.ca (*Cultural Intelligence.* Progress Career Planning Institute)

www.med.umich.edu/multicultural/ccp/culcomp.htm#ccc (University of Michigan Health System) A very valuable website for general and specific information on cultural competence)

www.pbs.org/ampu/crosscult.html#FTNT_2 (Common Cross-cultural communication challenges)

www11.georgetown.edu/research/gucchd/nccc/documents/Getting_Started_SAMHSA.pdf (Note: Georgetown University website has a richness of information about diversity, including assessment tools and definitions)

www.aoa.gov/prof/adddiv/cultural/CC-guidebook.pdf (Cultural Competency Guidebook by the US Administration on Aging, an agency in the US Department of Health and Human Services)

www.aoa.gov/prof/adddiv/resources/addiv_resources.asp (Resources by the above org)

www.cjc.net/publications/5_Capacity_Building_PDFs/ReadySetGrow_StarterGuide_CultComp.pdf (A Starter's Guide, Chicago Jobs Council Cultural Competency and Employment Initiative)

www.n4a.org/dat_toc.cfm (National Association of Area Agencies on Aging – Diversity Advancement Toolkit, including links to a variety of websites on cultural competence)

http://erc.msh.org (Electronic resource centre for managers on a variety of issues. Free membership. International)

www.cno.org/docs/prac/41040_CulturallySens.pdf (College of Nurses of Ontario. Practice Guidelines for Culturally Sensitive Care . Excellent info)

www.asaging.org/networks/index.cfm?cg=NOMA (American Society on Aging, Network on Multicultural Aging)

www.ons.org/clinical/special/documents/part3.pdf (Oncology Nursing Links to a variety of resources)

www.mcf.gov.bc.ca/publications/cultural_competency/assessment_tool/tool_index1.htm (Cultural Competency Assessment Tool - Government of British Columbia, Ministry for Children and Families)

www.gov.ns.ca/health/primaryhealthcare/pubs/Cultural_Competence_guide_for_Primary_Health_Care_Professionals.pdf (Government of Nova Scotia. A Cultural Competence Guide for Primary Health Care Professionals)

www.sacyhn.ca/media/pdf/Multicultural_Practice_Competencies_Tool.pdf (Calgary Health Region. Multicultural Practice Competencies Tool, 2005)

www.asha.org/about/leadership-projects/multicultural/self.htm (American Speech-Language-Hearing Association. Self-Assessment for Cultural Competence. Includes an inter-active web-based assessment tool)

www.socialsciences.uottawa.ca/crcs/pdf/organizational_cultural_competence_21-12-2005.pdf (University of Ottawa, Organizational Cultural Competence: Self-Assessment Tools for Community Health and Social Service Organizations)

www.partnershipsforolderadults.org (Community Partnerships for Older Adults. Includes information about cultural competence, cultural humility, the issues of diverse workforce, etc.)

www.peacecorps.gov/library/pdf/T0087_culturematters.pdf (The Peace Corps Cross-cultural Workbook "Culture Matters")

www.lib.sfu.ca/researchhelp/subjectguides/diver/intercultural/intercultural.htm#Games (Simon Fraser University Library, British Columbia. Intercultural Communication and Diversity Information Resources – a huge list of resources, including games, videos, journals)

www.nationalschool.gov.uk/organisational_development/Diversity/diversity_excellence_model/index.asp (Diversity Excellence Model, National School of Government, United Kingdom)

Calgary Health Region, Blueprint for Enhancing Cultural Competence in the Calgary Health Region, April 2002

www.clcpa.info/documents/CLCPA.pdf (National Centre for Cultural Competence, Georgetown University Center for Child and Human Development, Washington, DC. Cultural and Linguistic Competence Policy Assessment)

www.gov.ns.ca/health/primaryhealthcare/pubs/Cultural%20Competence%20Workshop%20Report.pdf (Nova Scotia, Diversity and Social Inclusion in Primary Health Care. Cultural Competence Workshop, 2005)

www.omhrc.gov/assets/pdf/checked/em01garcia1.pdf (Office of Minority Health U.S. Department of Health and Human Services. Teaching Cultural Competence in Health Care: a review of current concepts, policies and practices. Excellent for reviewing different models and concepts)

http://ctb.ku.edu (Community Tool Box (CTB), University of Kansas Work Group on Health Promotion)

www.mcmaster.ca/hres/flash/McMaster2005.swf (McMaster University)

www.omhrc.gov (U.S. Department of Health and Human Services. The Office of Minority Health)

www.xculture.org/assesstools.php (Cross Cultural Health Care Program – Cultural Competency Assessment Tools)

Self Assessments

www.aafp.org/fpm/20001000/58cult.html (American Academy of Family Physicians. Cultural Competence Self Test. Excellent, quick; compilation from different sources)

www.nccccurricula.info/resources_mod2.html (National Center for Multicultural Competence. Cultural Self-Assessment Resources)

http://reflectlearn.org/SUNY_Self-AssessmentTool.pdf (SUNY/Downstate Medical Center, Brooklyn, NY; more complicated)

www.xculture.org/assesstools.php (Management Sciences for Health)

Cultural Brokers

www11.georgetown.edu/research/gucchd/nccc/documents/Cultural_Broker_Guide_English.pdf

Information about cultures

www.cp-pc.ca/english (Citizenship & Immigration Canada, Cultural Profiles Project)

http://depts.washington.edu/pfes/cultureclues.html (University of Washington Medical Centre – descriptions of various cultures)

http://cam.utmb.edu/resources/spirituality/QuickGuidetoCulturalandSpiritualTraditions.pdf

http://culturegram.stores.yahoo.net/cgstd.html

www.culturegrams.com/products/index.htm (Hard copies and database)

www.gasi-ves.org/diversity/religion/religion1.htm (On Lok Senior Health and Stanford Geriatric Education Centre.)

www.ggalanti.com/cultural_profiles/middle_eastern.html (Geri-Anne Galanti: Cultural Diversity in Health Care)

www.cbil.vcu.edu/mac/sdu/handouts/coughlan_cultural_profiles.pdf (Web addresses for cultural information)

www.med.umich.edu/multicultural/ccp/culture/culture.htm

www.intercultures.ca/cil-cai/country_insights-en.asp?lvl=8 (Foreign Affairs and International Trade Canada, Centre for Intercultural Learning. Country Insights)

Books

www.cera.usyd.edu.au/resources.html (Centre for Education and Research on Ageing, Australia. Includes a book *Cultural Diversity and Dementia,* a planned approach to residential care for people with dementia who come from a non-English speaking background)

Metaphors for cultural competence

www.culture-at-work.com/iceberg.html (Iceberg and others)

Journal Articles

www.generationsjournal.org/generations/gen26-4/v26_contents.cfm (Generations Journal – an issue designated to diversity).

Diverse Workforce

www.lookingahead.bc.ca/employer/index.cfm?chp=4&page=6 (British Columbia. On-line Employer Resource Guide; Tools and Resources, 5-step solution – your guide to hiring immigrants).

Standards

www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=15 (USA)

Presentations

Cultural Competency: Making and Keeping the Commitment, *Panel Presentation* by Dianne Mathieu (Senior Manager Organizational Development, Toronto Central CCAC), Kwasi Kafele,(Director of Corporate Diversity, Centre for Addictions and Mental Health), Elizabeth Stanger, (Regional Coordinator, Vancouver Coastal Health Authority) and Jeff Dhondt, Manager of Aboriginal Services, (Centre for Addictions and Mental Health) **– OACCAC Workshop, October 31, 2007**

Cultural Competency: Making and Keeping the Commitment – *Developing Cultural Competence for Health Care* by Rani H. Srivastava **– OACCAC Workshop, October 31, 2007**

Cultural Competency:Making and Keeping the Commitment – *Approaches to Addressing Population Health Needs: Moving Beyond the Statistics* by Michele Jordan, PriceWaterhouseCoopers **– OACCAC Workshop, October 31, 2007**

Embracing Diversity in Long Term Care Settings, *Panel Presentation* by Sandra Pitters (General Manager, City of Toronto Homes for the Aged), Chris Denn (Concerned Friends), Dick Moore (The 519 Community Centre), Vija Mallia (Administrator, Castleview Wychwood Towers), Joanne Meade (Supervisor, Supportive Housing, City of Toronto Homes for the Aged) **– OANHSS Annual Meeting and Convention, April 30 - May 2, 2007**

List of Contributors

The project team gratefully acknowledges the contributions of the many residents, families and volunteers, staff, and managers who so willingly shared their ideas and experiences with the project team via focus groups, key informant interviews, or by sharing written practices and tools.

In addition to the members of the Provincial Steering Committee, the following organizations contributed ideas and practices for this toolkit:

Aboriginal Friendship Centre, Hamilton, Ontario

Advocacy Centre for Elderly, Toronto, Ontario

Alzheimer Knowledge Exchange, Toronto, Ontario

Baycrest Centre for Geriatric Care, Toronto, Ontario

Best Practices Network for Long Term Care, Ontario

Bridgepoint Hospital, Toronto, Ontario

Castleview Wychwood Towers, Toronto, Ontario

Centre de soins de longue durée (CSLD) Montfort, Ottawa, Ontario

Centres d'Accueil Héritage, Toronto, Ontario

Centre for Addiction and Mental Health, Toronto, Ontario

Circle of Care, Toronto, Ontario

Chelsey Park Mississauga, Mississauga, Ontario

City of Toronto Homes for the Aged, Toronto, Ontario

Concerned Friends, Toronto, Ontario

Culture Matters, Ottawa, Ontario

Dawson Court, Thunder Bay, Ontario

Foyer Richelieu Long Term Care, Welland, Ontario

Grandview Lodge, Thunder Bay, Ontario

Highland Place Retirement Residence, Kitchener, Ontario

Jasper Place, Thunder Bay, Ontario

Kingston Council on Aging, Kingston, Ontario

La Fédération des aînés et des retraités francophones de l'Ontario, Ottawa, Ontario

Longworth Retirement Residence, London, Ontario

Malton Village Long Term Care, Mississauga, Ontario

Multicultural Council for Ontario Seniors, Toronto, Ontario

Ministry of Health and Long-Term Care, Toronto, Ontario

North York Services for Seniors, Toronto, Ontario

Ontario Aboriginal Health Advocacy Initiative, Toronto, Ontario

Ontario Coalition of Senior Citizens' Organizations, Toronto, Ontario

Ontario Multifaith Council on Spiritual and Religious Care, Toronto, Ontario

Ontario Safety Association for Community & Healthcare, Toronto, Ontario

Pinewood Home, Thunder Bay, Ontario

Pioneer Ridge, Thunder Bay, Ontario

Providence Healthcare, Toronto, Ontario

Region of Peel Social Development Council, Mississauga, Ontario

Region of Peel Human Resources, Mississauga, Ontario

Senior Link Peel Region, Mississauga, Ontario

Specialty Care, Bradford, Ontario

Sheridan Villa Long Term Care Home, Mississauga, Ontario

St. Michael's Hospital, Toronto, Ontario

St. Olga's Life Care, Hamilton, Ontario

Sunnyside Home, Kitchener, Ontario

Suomi-Koti Nursing Home, Toronto, Ontario

Tall Pines Long Term Care Home, Mississauga, Ontario

Toronto Central LHIN, Toronto, Ontario

Trilogy LTC, Toronto, Ontario

Thunder Bay Interim Long Term Care, Thunder Bay, Ontario

Trillium Health Centre, Mississauga, Ontario

Versa Care, Thunder Bay, Ontario

Yee Hong Centre, Markham, Ontario

Yorkview Life Care, Toronto, Ontario

519 Church Street, Toronto, Ontario

Glossary of Additional Terms

Cultural Resources: are sources of cultural knowledge. Cultural resources may take the form of expressed information (printed, electronic, art, or other forms of media); policies or guidelines that provide direction; or individuals and groups that assist by providing translation, information, or insights about a particular culture.

Discrimination: is an act of differential treatment toward a group, or an individual within a group. Discrimination is based on negative attitudes, values, or beliefs that lead to action or behaviour that limits the opportunities of others. Systemic discrimination results from seemingly neutral policies, practices, and procedures that have different, frequently unintended, effects on different groups.

Ethnicity: is a term used to describe groups which share a common language, race, custom, lifestyle, social view, or religion.

Ethnocultural Group: is a group of people who share a particular cultural heritage or background.

Harassment: is defined by the Ontario Human Rights Code (1981) as a course of comments or conduct consisting of words or actions that disparage or humiliate a person in relation to one of the prohibited grounds contained in the Code.

Healthy Work Environment: means a setting that maximizes the health and well-being of staff, in order to deliver high quality services, outcomes and organizational performance.

Human Rights Legislation: human rights are the equal and inalienable rights of every person to inherent dignity and equality. Human rights legislation is a framework of laws that ascribe, measure, and enforce the entitlements of a people in a given society.

Inclusive Organization: refers to a representative organization that, at all levels, engages and supports organizational decision making and includes perspectives from diverse points of view, from within and outside the organization

Interpreter: is someone who translates between speakers of different languages.

Multiculturalism: Presence of diverse racial and ethnic groups who define themselves as distinct. It is important to distinguish at least three different uses of the term: as a description of the reality of socially and culturally diverse populations; as a philosophy or ideology of pluralism; and as a specific category of social policy.

Multicultural Care: means culturally, racially and linguistically sensitive and responsive care; it includes concepts of ethnic and race relations, cross-cultural care, human rights and equity.

Multicultural Society: Multiculturalism is an official policy of the Canadian government recognizing the diversity of Canadians in ethnicity, national or ethnic origin, colour, and religion, as a fundamental characteristic of Canadian society.

Prejudice: means a set of attitudes held by one person or group about another person or group, which casts the other in an inferior light despite the absence of legitimate or sufficient evidence.

Racism: is prejudice or discrimination stemming from beliefs in superiority and in the ability to exert power over a person or a group because of a difference of racial, cultural or ethnic background.

Seniors' Residences: places where seniors live communally. Examples are noted below.

Long-term care homes are designed for people who require the availability of 24-hour nursing care and supervision within a secure setting. In general, long-term care homes offer higher levels of personal care and support than those typically offered by either retirement homes or supportive housing.

Long-term care homes are owned and operated by various organizations:

- Nursing homes are usually operated by private corporations.
- Municipal homes for the aged are owned by municipal councils. Many municipalities are required to build a home for the aged in their area, either on their own or in partnership with a neighbouring municipality.
- Charitable homes are usually owned by non-profit corporations, such as faith, community, ethnic or cultural groups.

Retirement homes are privately owned rental accommodations for seniors who are able to manage and pay for their own care. Generally, retirement homes are designed for seniors who need minimal to moderate support with their daily living activities. These settings enable residents to live as independently as possible, while providing certain services and social activities. Retirement homes are also called "retirement residences".

Supportive Housing is designed for people who only need minimal to moderate care, such as homemaking or personal care and support, to live independently. Accommodations usually consist of rental units within an apartment building. In a few cases, the accommodation is a smaller congregate or group residence. Supportive housing buildings are owned and operated by municipal governments or non-profit groups including faith groups, seniors' organizations, service clubs, and cultural groups. Accommodations, on-site services, costs, and the availability of government subsidies vary with each building. The care arrangements between a tenant and a service provider are usually defined through a contract between the two parties.

Diversity in ACTION

A Toolkit for Residential Settings for Seniors

Diversity in Action: A Toolkit for Residential Settings for Seniors
is available at www.ontarioseniors.ca

© 2008, Queen's Printer for Ontario
ISBN 978-1-4249-6002-6 *(print)*

Catalogue #: 7620-2153039
5000/08

Disponible en français

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A Partnership Initiative Supported by the Government of Ontario, 2008.